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The Newsweekly for Pharmacy

C&D

28 January 2006

PEC pharmacists voice fears over PCT restructure

Wales endorses independent prescribing plans

Delay in GPs' IT coding hampers ETP switch-on

How to deal with head lice in the 'nitty' Noughties

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PLUS

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PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza **Dosage and Administration:** Adults and Children over 12 years one or two tablets every four to six hours Do not take more than 6 tablets in 24 hours Not for use by children under 12 years of age Elderly No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually **Contraindications:** Patients with existing, or a history of, peptic ulceration Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) Patients with a history of Bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs Hypersensitivity to codeine respiratory depression, chronic constipation **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease The elderly are at an increased risk of consequence of adverse reactions Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration Nurofen Plus

The label will state: Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma speak to your doctor before taking Nurofen Plus Do not exceed the stated dose Keep out of the reach of children If symptoms persist, consult your doctor **The label will state:** (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor (On Patient Information Leaflet) Do not take more than the stated dose of this medicine Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine If you find you need to use this product all the time, see your doctor straight away. Side effects Hypersensitivity reactions have been reported following treatment with ibuprofen These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme) Gastro-intestinal - abdominal pain, nausea and dyspepsia Occasionally peptic ulcer and gastro-intestinal bleeding Renal - Papillary necrosis which can lead to renal failure Others - Hepatic dysfunction, headache, dizziness, hearing disturbance Rarely thrombocytopenia Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness **Product licence Number:** PL 00327/0082

Licence Holder: Crooks Healthcare Limited, Kingsway, NE2 3JA. Local reference: [illegible] Price: [illegible] from £2.67

Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at http://www.dotpharmacy.com/

Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum. Single copies C&D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers: £55 per single copy. Subscription plus additional Price List. UK £173 plus £120; overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 468811 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature.

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C&D

Chemist& Druggist

The Newsweekly for Pharmacy

Volume 265 No 6530
First published September 15, 1859
ISSN 0009-3033

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EXCLUSIVE

Pharmacy wary of NHS reforms

by Gary Paragpuri

National plans to reduce primary care trust numbers and hand commissioning powers to doctors will adversely impact on community pharmacy, according to a poll of pharmacists working with PCTs.

The DoH's planned reduction of PCT numbers will mean that pharmacists will have to rebuild their relationships with PCTs, according to a straw poll of 18 pharmacists on PCT professional executive committees (PECs).

The introduction of practice based commissioning could also mean that GPs commission services in-house rather than from pharmacies, according to the *C&D* and NPA poll conducted in December and January.

"GPs have been reluctant to allow pharmacy to become involved in services even with the excellent pharmacy representation we have at PCT level. With practice based commissioning, I can see us being ignored completely," said Steve Bullock, PEC pharmacist at Burntwood, Lichfield and Tamworth PCT.

Colin Hackett, PEC pharmacist at Bristow South & West PCT, highlighted how difficult it could be for pharmacy to get involved in new services. "They [GPs] are controllers and would not want us involved unless they had to. They would prefer to have all the money and use nurses and other practitioners that they themselves employ at their surgery," he said.

Pharmacy will "lose enormously" if it fails to engage with practice based commissioning, said Murtaza Master

Murtaza Master, PEC pharmacist at Heart of Birmingham PCT, said community pharmacy had to bid for new services at the commissioning level or even at the tendering stage.

"This is yet another challenge for pharmacists. If we do nothing then we stand to lose enormously," he said. In addition, half of respondents said their PCT had no long-term strategy for developing community pharmacy services and virtually all respondents conceded that community pharmacy's potential was not being fully utilised.

The poll also revealed that EHC and smoking cessation are the most common services that PCTs have re-badged as enhanced services under the pharmacy contract. They are also the top services that PCTs want to roll out if they have not already.

For more views from the PEC poll, see pages 18, 19, and NPA comment on p16.

PRACTICE

Bird flu flies to top of practice agenda

The practice committee of the RPSGB is to formulate an avian flu disaster recovery and emergency planning strategy.

The initiative, announced at its meeting this month, follows a Department of Health update on the global situation for the virus.

According to committee chairman Sultan Dajani, the committee will focus on establishing staff mobilisation strategies and relevant standard operating procedures, as well as identifying the training and resources necessary to deal with a UK outbreak.

During the five-hour meeting, the practice committee also decided to raise the issue of mandatory error recording at store level with the law and ethics committee.

The move, which follows feedback from Society members, follows a suggestion that some multiple pharmacies are keeping such records only at central level.

The committee is also to raise with the DoH issues of medicine delivery to outlying areas, following the changeover to the new Home Oxygen Therapy Service. "Losing the funding that came with the oxygen supply could mean less funding for medicine delivery to such areas," Mr Dajani has warned.

Other issues on the agenda included Ask About Medicines Week and supporting underperforming pharmacists.

EXCLUSIVE

Snag in GP system halts ETP pioneer

by Max Gosney

A Croydon pharmacy that pioneered ETP has had to shut down its service after problems with the local GP's IT system.

Beran Patel, proprietor at the Brigstock Pharmacy, said: "The system has come to a halt. I can't process any scripts because the EMIS system used by our neighbouring GP does not have all the medicines we dispense on its database."

The pharmacy, the second to go ETP-live in May last year, has not processed any e-scripts during 2006, confirmed Mr Patel.

"It's frustrating and everybody is waiting to get going. It's like having a shiny sports car in the drive and not being able to use it."

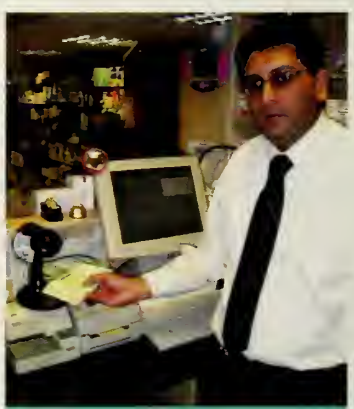
Under NHS IT plans, all medicines will have an electronic tag known as a dictionary of medicines and devices code (DM&D). This will allow GP and pharmacy systems to exchange patient and product information.

Disruptions to EMIS systems, which are operated by around 55 per cent of GPs, could delay the rollout of 'full' ETP to pharmacies until two years after the Government's end of 2007 deadline, suggested Mr Patel.

EMIS said it was updating GPs with DM&D codes and expected to remedy the problem next month. EMIS deputy managing director Sean Riddell said: "Pilot sites are there to draw out problems. The EMIS team are currently packaging up the latest DM&D mappings and we have 89 per cent completed. We will be in a position to place the software on controlled rollout, probably around late February."

But, the problem is unlikely to affect ETP rollout, Connecting for Health claimed.

Tim Donohoe, CfH group programme director, said: "This is not an issue with a pharmacy system but a prescribing system. There's no reason for pharmacists not to upgrade."



Code red: Beran Patel is frustrated by ETP delay

● *Look out for more of Mr Patel's nine months of ETP in next week's C&D.*

Welsh Assembly health minister Brian Gibbons announced plans to give pharmacists in Wales independent prescribing rights last week. Dr Gibbons is pictured (left) in a branch of Boots in Cardiff with Royal Pharmaceutical Society in Wales chairman Peter Jones, who described the decision as "a significant milestone in the development of pharmacy services"

WALES

Independent prescribing in Wales given thumbs up

by Asha Fowells

Independent prescribing by pharmacists and nurses in Wales has been given the green light.

The move will require changes to both primary and secondary legislation and comes only two months after such prescribing rights were announced in England and Scotland (*C&D, November 19, p6 and 7*).

Accredited pharmacists in Wales will be allowed to prescribe all licensed medicines, other than Controlled Drugs, for any condition, within their area of competency.

Brian Gibbons, health minister for the Welsh Assembly Government, said: "This will provide new ways for patients to access the right person at the right time to provide the most appropriate service.

"This is an important change to the way we deliver healthcare services and will build on the [supplementary prescribing] foundations already in place."

Although the medical profession was quick to criticise the initiative when it was announced in England and Scotland, it appears to have softened its stance, with Andrew Dearden from the British Medical Association's GP Committee saying: "We can never replace doctors with other health professions but each has their role and areas of expertise."

He continued: "Many minor self limiting illnesses or ailments that do not really need to see a GP could be seen and treated quite appropriately by this new extended role.

"With the introduction of cheaper, and finally free prescriptions, the request for those medications that would otherwise have needed a visit to the GP to obtain the prescription, could be obtained from, for example, the pharmacist, which would release a valuable GP appointment for someone who truly needed it."

The WAG's announcement leaves Northern Ireland as the only home country yet to make a decision on widening independent prescribing rights.

A spokesperson for the Department of Health, Social Services and Public Safety said: "The department will now be considering how to take this forward as it will require changes to health and personal social services' regulations."

Inbrief

Drug recalls

The Medicines and Healthcare products Regulatory Agency has issued two drug recalls.

One is for Tegretol Retard 400mg (carbamazepine), and affects parallel import batches T5514 and T5541. The blister strips inside the carton are incorrectly labelled as Tegretol.

The other affects amoxicillin sugar-free 125mg per 5ml suspension 100ml, distributed in Kent Pharma, Arrow Generics, APS and Alpharma livery. Affected batches bear the number 03E010, 03G015, 03G020, 03G033 or 03G036.

In both cases, pharmacists are requested to quarantine all remaining stock and return it to their supplier for credit.

'Exploit us', says NPA

Pharmacies' potential as walk-in health centres is not being fully exploited, the National Pharmacy Association told health minister Jane Kennedy last week. The recent primary care consultation suggested the NHS made better use of pharmacy locations and services and that they were well placed to identify candidates for health checks and could lead on such an initiative, NPA chairman Raj Patel and chief executive John D'Arcy told Ms Kennedy.

Shortages

The following shortages have been agreed with the Scottish Executive Health Department for January: carbamazepine 200mg tablets, diamorphine injections (all strengths), diclofenac 50mg tablets, doxazosin tablets (all strengths), fenbufen tablets (all strengths), hydrocortisone 1 per cent and 2.5 per cent cream, lormetazepam 0.5mg and 1mg tablets and sodium valproate 200mg per 5ml sugar-free liquid.

Fee reminder

The Scottish Pharmaceutical General Council has urged all supplementary prescribers to claim monies available to them.

The body recently negotiated a grant of £500 for the setting up of clinics, and a fee of £150 per day towards running costs. However, describing uptake as "slow", SPGC says it would be "helpful" if the 300 supplementary prescribers in Scotland – many of whom are community pharmacists – made use of the money before the end of the financial year.

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POLICY

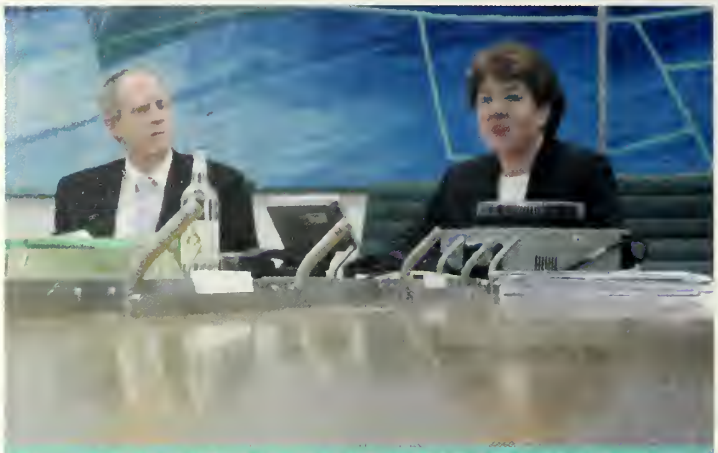
Pharmacy key to future healthcare provision

by Caroline Stocks

Pharmacy will play an important role in improving NHS healthcare provision in the future, the Government's White Paper on hospital care is set to reveal.

"We know from consultation how valuable pharmacies are and how patients would like to make more use of them," health minister Jane Kennedy said at the All-Party Pharmacy Group meeting in London on Monday.

"In the White Paper we expect to reinforce the important role that we see for pharmacy in improving NHS provision, both now and in the future," she said.



Howard Stoate and Jane Kennedy debated MURs, IT regulation and prescribing among others at Monday's All-Party Pharmacy meeting

Commenting on pharmacy's current role, the minister said there had been positive feedback about MURs, with 30,000 already completed. However, she said she was aware of the concern about how forms are sent electronically to GPs and how some pharmacies are experiencing problems with patients' "no shows".

During a wide-ranging debate, the minister answered questions on independent prescribing and the future of regulation.

She recognised concerns over access to records to allow pharmacists to independently prescribe. "There will be systems in place that will allow people to access what is necessary for them to do that work but we need safeguards to ensure it is treated in a confidential way," she said. Ms Kennedy added that independent prescribing will be commissioned by PCTs and "resources will follow commissioning".

Turning to the Government's review of the way health professionals are regulated, Ms Kennedy said the Foster review needed to consider Dame Janet Smith's recommendations in the Shipman Inquiry but ministers needed to ensure any solution was not "over burdensome".

The Government would respond in a way "that is proportionate to the problem", she said. The minister added she was aware of the concerns of professional bodies but said she wanted to give "due consideration" to what is being advised.

PRACTICE

PSNC wants set rates for appliance supply service

Pharmacists supplying dressings and appliances should be paid using a set rate with acceptable margins, PSNC and the Company Chemists Association have said in separate responses to the DoH.

Their comments were in response to the consultation on the supply of dressings, incontinence appliances, stoma appliances, chemical reagents and other appliances to primary and secondary care, which proposed four new pricing strategies. These include service remuneration rates for specific services.

PSNC said PCTs should be able to directly relate the price paid for an appliance to the cost of the product and the level of service provided. Neil Slater, CCA head of operations, added: "Advanced services specification would ensure national consistency of standards, pricing and availability to all patients."

Currently contractors are not obliged to supply appliances provided outside the course of their business, PSNC said.

To protect patient services, contractors must receive fair funding that also allows them the option to subcontract specialist services from appliance contractors, said the organisation.

In return, pharmacists' terms of service could be amended to oblige contractors to dispense a particular appliance.

PSNC also supports measures including the DoH's proposal to establish a regulatory price setting formula similar to the Pharmaceutical Price Regulation Scheme and the creation of a separate discount structure for appliances. **AC**

RPSGB

Committee debates assisted suicide

Assisted suicide and pharmacists' rest breaks were among the topics discussed at the Royal Pharmaceutical Society's law and ethics committee meeting on January 17.

Chairman Doug Simpson said there was a long discussion about assisted suicide and the committee would report its preliminary findings to the Council in February. He expects the Society to ask its members their views on this topic in the near future.

The Society will also be drawing the attention of members to the provisions in the *Working Time Regulations* when giving guidance on rest breaks and will consider the subject in greater depth in the future. **JE**

Inbrief

Penciclovir switch?

Novartis Consumer Health has applied for a POM to P switch for penciclovir 1 per cent cream.

According to the proposal, Fenestil Cold Sore Cream would be used for the treatment of cold sores in patients over 12 years of age. The recommended application is every two hours for up to four days.

Novartis states that the cream is marketed as an OTC product in nine countries and has a proven safety profile. The manufacturer adds that penciclovir has similar efficacy to aciclovir for this indication, and that inappropriate use is unlikely to have any adverse effect or aggravate any condition.

For more information:

www.tinyurl.com/7bf37

Staff fears

UniChem is considering making some redundancies.

The wholesaler confirmed "it has entered a consultation period [with the staff] and is considering a small reduction in its headcount".

The review, which involves 60 employees, will centre on UniChem's head office and is not related to the company's proposed merger with Boots, said a UniChem spokeswoman. The company hopes to redeploy resource where possible in the restructure.

Finding pneumo

A pneumococcal disease awareness campaign has been launched through Tesco, Numark and Morrisons pharmacies. The initiative aims to advise people of the risk posed by pneumococcal infection, and to encourage those most at risk to seek more advice, and possible vaccination, from their GP. 'Know About Pneumo' is the brainchild of three charities – the British Lung Foundation, Help The Aged and the Meningitis Trust Foundation – and is supported by Sanofi Pasteur MSD.

Questiontime

This week's question:

What impact will GPs' commissioning of services have on pharmacy?

- **Good – great opportunity for working alongside each other**
- **Mixed – pharmacy will get the more problematic services**
- **Poor – GPs will hold on to more lucrative services**

You have until noon on January 31 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on February 4.

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UniChem

Lloyds pharmacist hits 250 MUR target

by Asha Fowells

Geetanjlee Griffin has been named as the first Lloydspharmacy pharmacist to carry out 250 medicines use reviews.

Pharmacy manager at the company's branch in Yardley, Birmingham, Ms Griffin has completed the MURs since becoming accredited to provide the advanced contract service last June. She commented: "I can't do anymore until after March, but the limit isn't too low because you need to balance it against everything else you do."

Although patients were initially asked to book MUR appointments, Ms Griffin says the 25 per cent cancellation rate caused her to reassess. Now she offers the service "opportunistically" when she spots a potential candidate from their prescription and medication history and says: "It's much more beneficial."

One of the keys to her success has been the groundwork she put in before starting the service. By visiting GPs and explaining the process to patients, Ms Griffin says she met little resistance and has combated any confusion between the pharmacy offering and the medication review traditionally undertaken in the doctor's surgery.

Ms Griffin's advice to other pharmacists is "keep it simple – don't over-complicate this service – and remember that an MUR is a core element of the patient care provided by pharmacy". Involve all pharmacy staff, she adds. Her one wish is that the paperwork would become easier to handle, describing the sheer size of the template as "very big and difficult to file".

● The Pharmaceutical Services Negotiating Committee and GSK have jointly produced a guide called *10 Steps to Success with Medicines Use Reviews*. Available at *www.psnc.org.uk*, the resource is a collection of practical advice from pharmacists already providing MURs.

Geetanjlee Griffin (left) celebrates with Lloydspharmacy director Iqbal Gill (right). She is supported by (back, from the left): assistant Tracey Walsh, senior dispenser Asha Patel, professional development manager Andrew Kerr and branch supervisor Cath Sutton

[redacted] founder and [redacted] Centre. The event followed a [redacted] by the Welsh [redacted] supplementary and [redacted] of [redacted] drugs. Pictured at the event [redacted] minister Brian [redacted] Routledge of the [redacted]

POLICY

Rx charges and health policy don't tie up

The Government's reluctance to reform prescription charges contradicts its stated health policy, the Royal Pharmaceutical Society has said.

In its submission to the health select committee inquiry into NHS charges, the Society said the existing charging system deterred people who were dependent on medicines from cashing in their prescriptions. Yet Government failure to address this issue contradicted its intention – as outlined in *The NHS Improvement Plan* – to change its emphasis from waiting times to caring for those with long-term conditions, pointed out the RPSGB.

The importance of access to medicines has been outweighed by "Treasury interest", yet the income from prescription charges finances less than 1 per cent of the cost of the NHS, continued the Society. This, again, appears incompatible with other health policies, it said.

However, the RPSGB said that abolition or substantial changes to prescription charges required careful analysis of the consequences on patients, the pharmaceutical industry and the public purse. Radical reform would also alter the balance between prescription and OTC medicines and therefore impact on how community pharmacy is financed. **AF**

INDUSTRY

MTS develops blister pack for US Marines

A Lancashire manufacturer of disposable medicine packaging has developed a blister pack for the US Marine Corps in Iraq.

MTS Medication Technologies has been involved in a clinical trial to develop a pack that could protect its contents during front-line action. The trial will continue throughout the year and a decision will be made as to whether the pack will go into use with the US Marines.

The pack had to be easy to carry and no foil or reflective material could be used. In addition the blister had to be silent when 'popped' in order not to give away a soldier's position when in active service. This is the first time the company has been involved in developing a pack for the military.

Inbrief

£228m to spend

The Southern Health and Social Services Board in Northern Ireland has submitted plans for a £228m investment in its primary and community care services to the Department of Health, Social Services and Public Safety.

While the exact range of services has still to be determined, the SHSSB said there is potential for pharmacy.

MUR training

Some 65 members of pharmacy group Pharmaplus attended a training day on medicines use reviews in Middlesex.

Professor Claire Mackie from the Medway School of Pharmacy gave a seminar, case studies and tips on pharmacology.

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OPTREX INFECTED EYES EYE DROPS Eye drop containing chloramphenicol 0.5% w/v. **Indications:** Treatment of acute bacterial conjunctivitis. **Dosage:** Adults, children aged 2 years and over and the elderly: One drop instilled into the infected eye every 2 hours for the first 48 hours and 4 hourly thereafter. To be used during waking hours only. The course of treatment is 5 days. Treatment should continue for 5 days even if symptoms improve. **Contraindications:** Hypersensitivity to any of the ingredients. Persons who have experienced myelosuppression during previous exposure to chloramphenicol. Patients with a family history of blood dyscrasias. **Warnings and Precautions:** A doctor should be consulted if symptoms do not improve within 48 hours or at any time if symptoms worsen. Allergy to any of the ingredients. Discard any remaining eye drops after the five day course of treatment **Undesirable effects:** Transient irritation and stinging may occur. Hypersensitivity reactions and bone marrow problems. **Legal Classification:** P. **Licence Holder:** Optrex Limited, Nottingham NG2 3AA. **Licence Number:** PL 00062/0051. **Price:** £4.79. Date of preparation: June 200

References: 1) Optrex Infected Eyes Eye Drops has the highest unit & cash rate of sale in eyecare (AC Nielson w/e 1/10/05). 2) Optrex is the Number 1 OTC eyecare brand in volume & value sales

RETAILING

Day Lewis sets out OTC sales plan

by Gary Paragpuri

The 110-strong Day Lewis pharmacy chain is launching a range of retail initiatives from April in a bid to increase sales of over the counter goods.

The company is formally adopting techniques used by the larger multiples, such as monthly promotions and focused window displays (see picture), as it seeks to increase sales of medicines and toiletries. As part of this, the company has highlighted how, for a monthly fee ranging from £250 to £1,250, manufacturers can get involved in the various initiatives.

The in-store developments will bring the company in line with the "majority of other pharmacy groups and will increase sales and awareness among customers", chief executive Kirit Patel said at Day Lewis's first ever trade conference last Friday.

From April, the company's promotions will begin on the first Monday of the month, and could include gondola end promotions, P and GSL medicine hotspots and medicine related window displays. Offers such as '33 per cent off' and 'buy one get one free' could be used across medicine and toiletry ranges.

The company said in-store promotional activity was a vital part of pharmacy's retail offering and customers not only expected them but planned their visits around them. Promotions can account for 20 per cent of sales.

Mr Patel said that if the company could get the front of shop offering right, it would bring in footfall and build prescription volume.

The company also announced the appointment of Tim Harrington as commercial director. He joins from Alliance Pharmacy where he was senior business development manager.

Inbrief

Wales generics

Welsh local health boards have made concerted efforts to reach generic prescribing targets.

In 2005, 17 out of 22 Welsh LHBs reached the target 78 per cent generic prescribing rate, compared to only seven in 2004. The biggest increases in generic prescribing were seen in Ynys Mon, Denbighshire and Gwynedd and Swansea LHBs.

Seven Welsh LHBs also achieved national targets on reducing inappropriate generic prescribing.

● The All-Wales Medicines Strategy Group has highlighted 11 drugs associated with patient safety issues. Among its recommendations, it suggests prescribing insulins by brand as there is a need for patients to maintain appropriate supply.

Contract publicity

The Welsh NHS is taking a cautious line about how it will tell the public about the changes happening to pharmacists with the introduction of the new contract.

Although leaflets are being prepared dealing with aspects of the enhanced services, health minister Brian Gibbons has decided against launching a widespread publicity campaign.

Quit at Tesco

Tesco has launched 'quit smoking' roadshows at over 100 of its pharmacies. The supermarket has teamed up with GlaxoSmithKline, Novartis and Pfizer to run the events offering support to customers looking to give up in the new year.

PRACTICE

Dispensing GPs lose on-cost in new fees deal

Dispensing doctors are to lose payment based on on-cost in their new fee scale agreed for 2006-07.

Instead, dispensing doctors will be paid a unified dispensing fee, the details of which should be published within the next two weeks, chiefs from the Dispensing Doctors' Association believe.

Association chief executive Dr David Baker said: "We knew this was coming since community pharmacists lost their on-cost. There will be wailing and gnashing of teeth but we consider the overall deal is as good as we could get and is reasonable in the circumstances."

The move to abolish on-cost is accompanied by guidance from the NHS Employers and the British Medical Association covering excessive and inappropriate prescribing.

Commenting, Dr Baker said: "There has been a suggestion all along that we are making money out of the system. The potential is there to manipulate the system but there are only a few that do."

The new fee structure also sees dispensing doctors lose 90 per cent of their container allowance, but gain an additional allowance for compliance with the *Disability Discrimination Act* and to meet any necessary container costs.

Dispensing doctors will also now be expected to register for VAT, if they wish to be reimbursed the VAT costs relating to drug purchases. Previously, this amount was reimbursed by the Prescription Pricing Authority and the Department of Health.

Dispensing doctors believe that the moves will clarify the cost picture. Dr Baker said: "The perception is that dispensing doctors are expensive."

However, following a legal challenge which ruled that the VAT costs relating to personally administered items are no longer reclaimable from HM Customs and Excise, dispensing doctors can now claim these costs from the PPA and the DoH. **AC**

Officially opened this week by health secretary Patricia Hewitt, the UK's first two NHS commuter walk-in centres are located near London Liverpool Street and Manchester Piccadilly stations. Further centres are planned at London's Canary Wharf, and King's Cross and Victoria stations, Leeds City, and Newcastle Central stations over the next few months. Pictured, from the left, are staff at the Liverpool St walk-in centre: Rebecca Cheatle, nurse practitioner; Patricia Hewitt, secretary of state for health; Katie Tice, nurse practitioner and Vanessa Jones, lead nurse practitioner

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OTEX Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** An aid in the removal of hardened ear wax. **Directions:** For adults, children and the elderly. Instill up to 5 drops into the ear. Retain drops in ear for several minutes and then wipe away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required. **Contraindications:** Do not use if the eardrum is known or suspected to be damaged, in cases of dizziness or if there is, or has been, any other ear disorder. Do not use after ill-advised attempts to dislodge wax using fingernails, cotton buds or similar implements, or within 2 to 3 days of syringing. Do not use where there is a history of ear problems, unless under close medical supervision. Do not use if sensitive to any of the ingredients. Do not use at the same time as anything else in the ear. **Precautions:** Keep away from the eyes. For external use only. Replace cap after use, and return bottle to carton. **Side-effects:** Due to the release of oxygen, patients may experience mild, temporary effervescence in the ear. Stop usage if irritation or pain occurs. Instillation of ear drops can aggravate the painful symptoms of excessive ear wax, including some loss of hearing, dizziness and tinnitus. Very rarely, unpleasant taste has been reported. If patients encounter any of these problems, or if their symptoms persist or worsen, they should discontinue treatment and

Council closes pharmacy over safety breaches

by Max Gosney

A Lincolnshire pharmacy has been forced shut within days of a £75,000 re-fit after being branded a health risk by local councillors. Emergency action had to be taken against the Kirton Pharmacy to protect patient safety, Boston Borough Council claimed.

The Council's head of planning Steve Lumb said: "We had an extremely unsafe situation where little old ladies were trying to get by forklifts and trucks to get their scripts. The pharmacy is located on a busy road and planning permission was granted upon the condition that a pedestrian crossing would be added."

The pharmacy, which is run by the Lincolnshire Co-op, had been issued with a planning stop notice and would remain closed until various safety issues had been satisfied, added Mr Lumb. "As well as the road safety problems there was no sewage connection at the pharmacy. The council decided this was something that we couldn't let carry on. I think the pharmacy owner and developer have acted in a naive way."

Photo: Lincolnshire Co-operative Ltd

Kicking up a stink: pharmacy had no sewage connection

The Lincolnshire Co-op backed the council's decision and said it had "strong feelings" over the incident.

The company's superintendent pharmacist Alastair Farquhar said: "The council, quite rightly, ruled that the area was unsafe. We got the go-ahead to move in a few weeks ago and were not aware of a problem. It's very frustrating."

The pharmacy was set to re-open later this week, predicted Mr Farquhar.

In brief

Under-16 ruling

Girls under 16 can still receive confidential sexual health advice, the High Court ruled on Monday. The judicial review followed a mother's court battle to change the law to prevent girls under 16 receiving advice on abortions.

However, the High Court rejected a review of guidelines which state terminations do not need parents' consent and doctors should respect girls' confidentiality.

fpa, the Family Planning Association, which had appealed against the mother's action, welcomed the decision.

Statin scripts

NICE has recommended broader prescribing of statins for the prevention of coronary events.

As outlined last year (*C&D, November 19, 2005, p8*), the organisation has recommended statin therapy for adults with a 20 per cent or greater 10-year risk of developing cardiovascular disease.

This guidance also states that lifestyle measures such as stopping smoking should be considered when initiating cholesterol lowering treatment.

For more information, see *www.nice.org.uk*

Pharmacists can support the millions of smokers who quit on No Smoking Day on March 8 by displaying posters and leaflets in-store. The No Smoking Day charity, which organises the event, offers pharmacists a campaign pack containing posters and leaflets as well as details of other promotional items, such as bags, pens and badges. Many of the materials, such as the leaflets in six languages, are available to download free from the organiser's website. For more information go to *www.nosmokingday.org.uk*

EDUCATION

Overseas studying to be limited

British pharmacy students planning to study abroad will only be able to spend two years of their degree course overseas. The third and fourth year of study, where students tend to develop practice skills, must be spent in the UK, the education committee of the RPSGB has said.

The recommendation to the RPSGB Council follows concerns that pharmacy students are receiving accredited degrees from British universities when they have mainly studied abroad at unaccredited universities.

"We tend to be leaders in pharmacy practice and education here in the UK and we need to make sure pharmacists are getting the best possible education," Graham Phillips, education committee chairman, said. "We need to make sure of the quality assurance of degrees abroad and we need people going out there to check the courses," he said. **CS**

INDUSTRY

Teva tunes to pharmacy

Teva has pledged extra support services for pharmacists after completing its $7.4 billion acquisition of IVAX.

The company will focus on forging closer links with customers after receiving the go-ahead from the US Federal Trade Commission to complete the deal, which makes it the largest generics company in the world.

Managing director at Teva, John Beighton, told *C&D:* "This acquisition gives us extra resources to offer more personalised advice to UK pharmacists looking to make the most out of future healthcare opportunities.

Teva will support pharmacy, says John Beighton

"We want to support the people who support us. I want pharmacists to see the benefits of this merger in great services and products." Teva would look to advise contractors on key issues including setting up medicines use reviews and ETP, confirmed Mr Beighton.

The acquisition boosts Teva's portfolio by around 70 products and the company aims to pass on production cost savings to customers, stated the Teva chief. The company, which becomes the 16th largest pharmaceutical firm in the world, will benefit "globally" from IVAX's strong sales in South America, technical expertise and staff resources, he stressed.

However, the UK remained a key market for the company, added Mr Beighton. "It's exciting for Teva from a global perspective and the UK remains a very important market. It's home to the company's biggest business base in Europe," he said.

Want to know what the top man at the world's largest generics firm thinks of your pharmacy? See next week's *C&D* for a full interview with John Beighton. **MG**

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Lambeth OUTLOOK

New brooms

It may be all change at Westminster but what does it mean for health, asks Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society

British politics has been under the influence of great change over the past few months. It remains to be seen whether the arrival of David Cameron at the head of the Conservative Party and the new broom being swept through the Liberal Democrats will precipitate that genuine shift of thinking which captures the public's attention and spins the political compass in a new direction.

What is clear is that for every political party, Labour included, these weeks and months have been uncertain. The need for political renewal in 2006 is palpable in the Westminster air.

The Tories have made the best possible start with David Cameron's public deletion of a vast swathe of policies that were universally unpopular. The patient passport, which appeared to fund the relatively well off to use private medical insurance, has been scrapped.

Instead Cameron shifts the Tories right back into the centre of British policies, fixing his sights on a pale blue version of Labour's health plan, welcoming the private sector into public contracts. Cameron has launched a commission into how the Conservative Party needs to engage with public services and public sector workers. This body will produce the next tranche of Tory health policy and will be talking to pharmacists and all sectors of the NHS.

The Lib Dems have appeared somewhat less sure footed so far but now their leadership battle is well under way. The range of candidates provides their 72,000 members with a clear choice. Sir Menzies Campbell and Simon Hughes will shore up the party's leftward direction, ensuring that public services are protected and that foreign policy is benign.

However, Chris Huhne hails from a different wing which reflects a purer Liberal free-market tradition: radical and libertarian.

Labour has a more difficult job in terms of renewal. The party of Government tends to get to a certain point in its life cycle, after which nothing it does is right. Blair is currently playing well on law and order, but his latest forays into the health service have been met with incredulity from some parts of the sector and ridicule from many in his own party.

The recent publication of the Health Select Committee's investigation into the restructuring of primary care trusts is a good example. The Committee is quoted as saying: "The risks of the proposals contained in *Commissioning a Patient-Led NHS*

are high and there is little evidence that the costs will be outweighed by the benefits." And that from the new chairman, a Labour loyalist.

There is no doubt that it is hard to renew yourself in government. Any shift in policy looks like a U-turn and can be savaged by the media. Of course, there is a huge test looming for Labour. May 4 2006 heralds the local government elections in metropolitan centres including London. These will act as a litmus test for the Tories' and for the Lib Dems' new leadership. But for Labour the elections will be crucial. They will be watching to see if their current unpopularity has any depth.

Meanwhile, get out and lobby your local councillors.

WIN £25!

MUR top tips

We asked you for your top tips on conducting medicines use reviews. We will pay £25 for the best tips you send in.

Isobel Bancroft, practice pharmacist at Sheffield SW PCT and a Sunday pharmacist for Boots The Chemists, High Street, Sheffield:

Find out what the PCT's medicines management team's priorities are.

Improve relationships with your PCT and reach your MUR targets by contacting the medicines management team and discussing any particular patient groups that may be worth targeting.

Send your top tips to *C&D* at *chemdrug@cmpinformation.com* or fax to 01732 367065 and you could win £25.

E-mail your views to chemdrug@cmpinformation.com

Full-line wholesalers respond to ITV programme

The ITV programme *Tonight with Trevor McDonald*, broadcast earlier this month, aimed to expose the ways in which counterfeit medicines could reach the UK market.

The programme scrutinised the licensing procedures of the Medicines and Healthcare products Regulatory Agency (MHRA), which assesses applications for, and issues, wholesale dealer licences.

Our members – full-line pharmaceutical wholesalers – place the highest premium on patient safety, to ensure that medicines for patients are supplied in perfect condition.

We are wholly committed to stamping out medicines counterfeiting and will be continuing to work with regulators at the MHRA, our suppliers and our customers to prevent counterfeit products from entering the supply chain.

Full-line wholesalers have long been concerned about the number of wholesaler dealer licences issued by the MHRA and about the resources available to the Agency for its regulatory activities in this area.

Full-line wholesalers implement the most stringent operating practices, necessitated in particular by the specific storage and distribution needs of the full range of medicines we supply for patients (our business differs from that of short-liners, who distribute only the most profitable product lines).

We also believe that our regular MHRA inspections, which can take up to two days, are more rigorous than inspections on other types of wholesaler.

We will shortly be developing a

Gold Standard of Pharmaceutical Wholesaling Practice to explain the rigorous procedures upheld by full-line wholesalers.

Martin Sawer, executive director, the British Association of Pharmaceutical Wholesalers.

Our question to pharmacists this week was:
How would you rate your MP's awareness of pharmacy?

"My MP doesn't seem interested. They say they will do everything for you then they go away and nothing ever gets done"

Arun Jangra, Chatham

"He did help me, so I'd say his awareness of pharmacy is fair"

Richard Slade, Bristol

Our online poll at *www.dotpharmacy.com* said...

13% Good – regularly champions the cause

13% Fair – is kept informed

53% Does not appear to be interested

21% Don't know who my MP is

Comment from the Editor

Give pharmacy its due

How many times have health ministers told pharmacists they are highly skilled but under-used and how many times have they promised to do something about it? Well, after this week's All-Party Pharmacy Group meeting, we can increase that count by one.

Health minister Jane Kennedy told pharmacy chiefs that the forthcoming White Paper would "reinforce the important role that we see for pharmacy". Can we believe her?

Our lead story offers a very different perspective. PEC pharmacists who responded to the *C&D*/NPA poll are concerned that both the planned cull of PCTs and the decision to give GPs greater commissioning powers will have a negative impact on pharmacy. They fear GPs could use the new monies to commission services from their own staff and keep pharmacy out of the loop.

What this boils down to is whether the Government realises that if the NHS is to cope with ever-increasing demands, then it needs to make the very best use of every available health professional. GPs have been well rewarded with their new contract and continue to receive every incentive to take on new roles. But the NHS does not function on doctors alone – there is a diverse team of health professionals supporting them.

As primary care prepares for yet another shake up, there needs to be a more equitable distribution of resources and responsibilities. If not, what's the point?

"The NHS does not function on doctors alone"

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Don't fear NHS change, argues the NPA's Stephen Fishwick

Good timing on the PbC front

Change inevitably brings with it an element of threat and opportunity. The NHS is in a state of perpetual change; it was once said that the NHS is 'an organisational shanty town' – with structures frequently built and torn down.

It follows, then, that all those involved in providing NHS services, including community pharmacists, constantly operate in an environment of threat and opportunity. What is significant about the latest NHS configuration and the policy of practice based commissioning (PbC) is the timing – coinciding as it does with the introduction of the pharmacy contract and the recent recognition by the DoH of pharmacy's considerable potential in primary care. We now have a platform from which to demonstrate our value to the NHS: reconfiguration and PbC will both help and hinder the sector in taking up this challenge.

Stephen Fishwick: concerns about an unlevel playing field

On the one hand, reconfiguration inevitably distracts NHS managers and presents a risk that pharmacy leaders may be dislodged from PCT planning forums. Meanwhile, PbC has the potential for tightening GPs' grip on local health economies.

On the other hand, PbC is intended to drive resources into primary care while playing to the strengths of providers that have an existing relationship with GPs. They are capable of providing a range of services that support people with fragile health to manage in the community, thus minimising episodes of unscheduled hospital care. Step forward community pharmacy.

There are concerns about an unlevel playing field in terms of local professional representation, tendering processes and access to data. However, while pressing for guarantees from the DoH and PCTs, pharmacists should be seeking to engage commissioners – including practice based commissioners – about the services pharmacy can offer.

Xrayser

TOPICAL REFLECTIONS

The White Paper chase

The Government is about to publish a White Paper on health outside hospitals (*C&D, January 21, p32*). So what, I say to myself. I read that this will be "a defining moment", but I'm not so sure that it will define much at all for me personally.

The Government seems to publish papers and documents that are supposed to change my life left, right and centre, but I'm still stood here at the dispensing bench as if nothing had happened. Of course these documents must be important on a national political level and I'm glad that we have clever people to make sense of them for us but they generally seem to contain a lot of talk and ideas that usually translate simply into more talk and ideas.

What, for example, does "fitting services to peoples' lives, with fair access to services by all" mean? Or, "its overall aim is to make primary care fit for purpose to deliver on the broad priorities of improving public health"? Does that mean I will be dispensing more prescriptions or fewer, or that I will have time to do that MUR for Mrs Jones after all? I know my outlook is parochial, but mine is a local service. '*Pharmacy in the Future*' was one of the most important Government publications for pharmacy and I wasn't particularly interested in that until I could see how it translated into my new contract.

The great and the good are suggesting that this White Paper will translate into something positive, albeit nebulous, but I'm worried that it stems from a public consultation. Some of the things my patients would like are definitely not positive for me. Longer opening hours, for example, or free delivery of all prescriptions, would suit my patients but not me or my business.

Whatever this White Paper means I'm not too concerned because unless there are some radical changes to the organisation and funding of PCTs there will be no money or motivation to implement any of its wonderful ideas. All these clever words will remain just that, words.

It's all Greek to me

Parallel imports are a fact of life for those wanting to run a successful business, but no one would dispense them if they had a choice.

A particularly unprofessional PI was a Greek antibiotic Duo suspension with instructions to add water up to the top of the original label on the bottle without any mention of the volume of water to add. It was not clear whether you mix the suspension before it reaches this line or whether you guess where the water line is below the pile of powder floating on top. Neither method can be very accurate and I wonder whether this particular product had slipped through the MHRA's regulatory system. Needless to say, it's one PI that I won't be ordering again.

Cartoon by Don Seed

Keeping technology on a tight leash

Gnasher would have been a better name for the dispensing robot that nearly took Nader Siabi's arm off, rather than the placid sounding Henry (*C&D, January 21, p5*). As a committed technophobe I'm wary of anything that runs on electricity, and this is just the sort of retaliation I fear from the machinery queuing up to take over my life.

Potential attacks from machinery around me may be more metaphorical than physical but I'm dreading losing control of the whole dispensing process, as well as its remuneration, to a collection of electronic gadgetry that may revolt at any moment.

I don't pretend to like my computer enough to give it a name and things like my prescription barcode scanner will forever remain an 'it' just in case it gets over familiar. N3 and ETP may only be collections of numbers and letters but I'll be keeping a close eye on them none the less.

BlackBAG

Degrees of proof

At 4.20pm Tom carefully arranged his old jacket on the back of the chair, threw his second set of keys on the desk and left work. As far as any casual glance was concerned the constantly lit computer screen, jacket and keys were testament to Tom's work ethic.

While the virtual Tom sat bashing away at virtual computer keys the real time version was in a wine bar warming to his cold bottle of white wine. Tom was depressed and with each notch of pressure cranked up through deadlines, university fees and performance related work programs he sank ever deeper.

His attempted suicide came as a complete surprise to everyone and no one. In truth, from his boss to the security man at the door, the entire company knew things were going badly wrong. In a misguided sense of loyalty to a man in the later years of working life they colluded in silence, ignoring Tom's inability to seek help. His GP was the last to hear.

I once worked with Pelé and asked him who, in his opinion, was the best footballer in history. After a thoughtful pause he replied, "Me. But George can drink better than I can." George Best was without doubt a brilliant footballer, not to mention one of the few unifying icons for war-torn Northern Ireland and "spent money on women, drink and cars but frittered the rest away".

> **"George Best was without doubt a brilliant footballer"**

Society is prepared to forgive Georgie but Parliament party leaders don't qualify. Admit it and that head is disconnected from the body. Hardly an incentive to admit a problem and seek help.

Paradoxically, Winston Churchill was once accused by a female politician of being drunk. "And you are ugly," he replied, "but in the morning I will be sober". He got a statue.

Dr Ian Banks is a practising GP in Northern Ireland

As the DoH prepares to cull PCTs and hand commissioning powers to GPs, a *C&D* and NPA straw poll reveals how pharmacists on PCT professional executive committees think the changes will affect community pharmacy, reports **Gary Paragpuri**

Flex those

As primary care faces yet another structural upheaval, a straw poll of 18 pharmacists on PCT professional executive committees, carried out by *C&D* and the NPA during December and January, found that most thought the reconfiguration of PCTs and the introduction of practice based commissioning (PbC) would have a negative impact on community pharmacy.

Half of respondents added that their PCT had no long-term strategy for developing community pharmacy services and virtually all conceded that community pharmacy's potential was not being fully utilised as PCTs sought to redesign health services. Here are their views:

Q What impact will the reconfiguration of PCTs have on community pharmacy?

"LPCs will have to work hard to re-establish relationships when former PCT managers either disappear or receive new portfolios. On balance I think this represents a great opportunity to break some of the old log-jams when all of the pieces that will be thrown into the air start to fall again and require re-arranging."
Colin Fricdland, Welwyn Hatfield PCT

"I have a gut feeling that taking away local ownership of healthcare cannot be a good thing. The local pharmacy association and PCT have just begun to forge a good working relationship, which is to the benefit of practitioners and patients. It is difficult to see how that will survive in a new 'super PCT'."
Steve Bullock, Burntwood, Lichfield & Tamworth PCT

"It depends on the effect of reconfiguration on funding. A merger with a PCT in deficit will reduce available funds for enhanced services in this area."
Wendy Langley, Adur, Arun & Worthing PCT

"Could be positive if handled correctly, although I suspect that community pharmacy will end up at the bottom end of the pile and have to fight its corner to regain lost ground due to the reconfiguration."
Nick Hunter, Hinckley & Bosworth PCT

"It will be positive. My hope is that they will take the best services from each PCT and roll them out across the new patch."
Colin Hackett, Bristol South & West PCT

"It really depends on which current key players and 'voices' remain in the new PCT key roles, and whether the current desire to get a true mixture of health professionals working together to make key decisions and redesign patient services truly materialises. The pharmacy development and implementation group covers both PCT areas, and if we can keep the momentum going through this group, the impact on community pharmacy could be quite positive."
Dan Attry, Dudley Beacon & Castle PCT

"I am really unsure of what the impact will be. We have a very strong LPC and we are already used to working collaboratively with our neighbouring PCTs. It will also be useful to have the same schemes running across the region, rather than minor local variations, which will be helpful both to locums and to personnel in the PCT who develop them as there will be less duplication of effort. I think the challenge will be working at the smaller locality level and identifying local pharmacy leaders to take this forward."
Alison Hayes, East Devon PCT

"We currently have four pharmacists in Essex in the role of PEC chairs and a further nine PEC pharmacists working closely with Essex LPC. Under reconfiguration, Essex will have anything from one to six PCTs, so there will be fewer PEC opportunities. The LPC is looking at ways of engaging with emerging PbC groups, of which there could be anything up to 50 in Essex."
Simon Moul, Colchester PCT

Q What impact will practice based commissioning (PbC) have on the commissioning of pharmacy services?

"That depends on how competitive community pharmacy will be and how quickly old skills are re-honed and new competencies are acquired. The measure of service provision will be one of contestability and pharmacy will have to compete on level terms with other health professionals - or fail."
Colin Friedland, Welwyn Hatfield PCT

"I am personally concerned that it has the potential of putting us back in development. Where GPs have a strong influence, it has been difficult to do enhanced services. However, they have shown an interest in MURs as they are being paid for from a funding stream that they cannot access."
Patricia King, Durham & Chester-le-Street PCT

"From an independent pharmacist's point of view it will probably be a lot of hard word

"This is yet another challenge for pharmacists. If we do nothing then we stand to lose enormously. We need to proactively work on this. Many new services will be commissioned at the local level and this is a huge opportunity for us to make a difference to patient service and care. We need to bid for new services, preferably at a commissioning level or even at a tendering stage. For example, pharmacists with a special interest may carry out chronic diseases management reviews, reducing hospital admissions, or carry out the many diagnostics which are presently carried out at hospital setting but need to be more localised, eg INR, HbA1c for diabetes etc.

"It is pivotal that pharmacy leaders plug into these commissioning groups and at the least present the local PbC managers with what pharmacists can offer."
Murtaza Master, Heart of Birmingham Teaching PCT

whereas the multiples will find it a lot easier to bid. But if independents work together, then I think there is considerable potential."
Tim Dobbin, Sunderland Teaching PCT

"I cannot see it being good. GPs have been reluctant to allow pharmacy to become involved in services, even with the excellent pharmacy representation we have at PCT level. With PbC, I can see us being ignored completely."
Steve Bullock, Burntwood, Lichfield & Tamworth PCT

"I don't know. I have more questions than answers. If commissioning is from the locality level, will pharmacy have a voice or will GPs dominate the agenda? How can pharmacy be represented when we will have at least twice the number of localities as PCTs?"
Barrie Smith, Maidstone Weald PCT

"It could be good if GPs can be persuaded to 'let go' – there is some evidence for smoking cessation and anticoagulant services, but these are poor returners as far as services go."
Nick Hunter, Hinckley & Bosworth PCT

"It's difficult to judge at the moment as the SHA/PCT view of who has commissioning responsibility is very different from the LMC [local medical committee], who ultimately makes the decision on which services are provided."
Simon Moul, Colchester PCT

"PbC is led by GPs, therefore pharmacy services such as smoking cessation and EHC will be threatened because GPs will be given preferential treatment to provide these services via their nurses, especially by dispensing GPs."
Hina Patel, East Cambridgeshire & Fenland PCT

"I am worried about this although I may be misguided. GPs traditionally leave pharmacy out, as we don't work for them. They are controllers and would not want us involved unless they had to. They would prefer to have all the money and use nurses and other practitioners that they themselves employ at their surgery. The PCTs have given us a fair crack – particularly PEC pharmacists and pharmacists working in surgeries – but I am worried this will go, particularly the latter."
Colin Hackett, Bristol South & West PCT

"At the moment, GPs have formed PbC clusters, with each looking at one speciality, such as orthopaedics. PbC is being carried forward through these GP groups. I have raised pharmacy involvement in PbC as a key issue, due to the huge impact of medicines management in many services, at PEC meetings, and the LPC is looking at ways to influence these groups. If we are unsuccessful, pharmacy will lose out in PbC, especially as a number of drug companies are approaching PCTs with specialist managed care systems, which could bypass a need for pharmacy input."
Dan Attry, Dudley Beacon & Castle PCT

Do you fear the reforms to primary care? Tell us at *chemdrug@cmpinformation.com*
Read the NPA's view on page 16

A FREE* supplement for your pharmacy

Now more than ever, pharmacists have the opportunity to help patients get the most from their medicines, promote healthier lifestyles and provide innovative services to the public. GlaxoSmithKline Pharmaceuticals appreciates the value of this development and has been working closely with pharmacists to produce +Plus Medicines Support Services (MSS), an initiative which we believe will support the valuable role pharmacists can play in delivering healthcare.

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This article can help in the following CPD competencies: **G1a, G1f, G1e, C1c, C3b.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

Head for bed

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1359), in association with multiple choice questions being published in *C&D* February 4, provides one hour's continuing education

Objectives

- To know what general advice to give people with sleep problems
- To revise the different drug treatments and precautions for use
- To know the regimens for weaning patients off hypnotics
- To be aware of withdrawal symptoms

Dr Mike Mead concludes a two part series on sleep disorders by looking at the rational prescribing of hypnotics

Last week's article (*C&D, January 21, p23*) looked at the nature of sleep and how to find a cause for insomnia in individual patients. We now look at the management of the patient with insomnia where obvious treatable causes, like depression, are not identified.

First steps

As with any condition, the first step in management is to give the patient general advice. This needn't take long as, having assessed the patient's expectations as outlined in the previous article, it is likely that he or she is already fully aware of the problem. It is worth reiterating that we all need different amounts of sleep and some people function on less than others.

There is a wide range of measures that can aid sleep and it would take too long to run through these in a busy pharmacy. One solution is to have an information sheet available that provides the standard advice listed in *Box 1*.

Box 1: Information sheet for patients with insomnia

- Try to become a creature of habit, with a set time for going to bed and getting up in the morning.
- Don't go to bed if you don't feel sleepy, and don't lie awake trying to get to sleep - get up and do something until you feel tired.
- If you have a bad night's sleep don't stay in bed later to try to compensate.
- Don't look at a bedside clock, counting the minutes or hours.
- Avoid alcohol, tea, coffee and large meals before sleep.
- Avoid daytime naps, keeping active in the daytime.
- Don't engage in any strenuous mental or physical activity just before going to bed.
- Make sure your bedroom is comfortable and you have curtains that effectively block out light and windows that cut down outside noise.
- Check if any of the drugs you are taking list insomnia as a side effect.

Drug therapy

Up to 40 per cent of people with insomnia self-medicate with hypnotics available from pharmacies without prescription.[1]

The most common drug purchased over the counter is diphenhydramine, with promethazine a longer-acting alternative. Both have the potential for antimuscarinic side effects and the patient should be warned of the increased sedative effect with alcohol.

Although these non-prescription sleep aids are safe when taken for short periods according to the manufacturers' directions, there is a risk of tolerance and psychological dependency if they are used as a long-term solution. For this reason they are best recommended only when there is an identifiable reason for the sleep pattern to be disturbed, such as jet lag or after a stressful event, and not for insomnia that may have an underlying organic or psychological cause.

The key deciding factor on a strategy for drug treatment is the length of time the patient has suffered. For short-term problems, including travel, stress, a change in work pattern or an acute illness causing insomnia, a short course (ideally under two weeks) of a hypnotic drug may be a reasonable option. For chronic insomnia a host of strategies need to be adopted including:

- Frank discussion with the patient upon treatment initiation as to the possibility of dependence and tolerance and possible side effects, such as impaired ability to drive and operate machinery, increased

It's best not to keep looking at the clock when you are having trouble sleeping as it can raise anxiety levels. Striking clocks are particularly bad

Continued on page 22

sedation with alcohol and personality changes, including increased aggression in some patients.
- If any depressive element is present, using the more sedative antidepressants at night rather than the benzodiazepines or Z drugs.
- Restricting the initial prescription for two to three weeks and then reviewing the patient.
- Trying to manage with intermittent rather than longer courses of the drug, though tolerance can develop in as little as two weeks.
- Regularly reviewing (for example, every three months) those with disabling symptoms that significantly interfere with their quality of life who end up on longer courses, and gradually withdrawing the drug as soon as possible.

In the elderly, hypnotic drugs have a wider side effect profile and their use can be associated with poor mental functioning, acute confusion, falls and general malaise. Unfortunately it is the elderly, particularly in residential and nursing homes, who tend to receive the most hypnotics. In these situations, where sleep disorders may disturb other residents, it is often a behavioural/psychiatric (including dementia) cause that needs to be addressed rather than the insomnia *per se*.

Box 2: Common benzodiazepine withdrawal symptoms

- Insomnia.
- Anxiety and depression.
- Sweating.
- Tremor.
- Nausea.
- Anorexia.
- Tinnitus.
- Disorders of perception.
- Palpitations.
- Headache.

Benzodiazepine withdrawal

Up to 30 per cent of benzodiazepine users develop physical dependence on the drugs, with 50 per cent of all users suffering withdrawal symptoms.[1] Factors increasing the risk of dependence include using drugs with a short duration of action, long-term use, higher doses, other drug or alcohol dependency and personality disorders.

Withdrawing from benzodiazepines is associated with a number of symptoms, listed in *Box 2*. With the commonly prescribed benzodiazepines symptoms reach maximum intensity in three days to two weeks but can occur up to three weeks after stopping the drug and can continue for several weeks afterwards.

Appreciating the problems of side effects, dependency and withdrawal, many GP practices and primary care trusts are, or have been, drawing up protocols with well structured hypnotic drug cessation programmes to try to address this issue in their community. The Z drugs may be included. The components of such a programme are:
- Establishing a register of patients receiving long-term (more than three months) repeat prescriptions for hypnotics, excluding patients using them for epilepsy or terminal care.
- Contacting the patient by letter, signed individually by their usual GP. The letter can either be an invitation to make a doctor's appointment to discuss repeat medication or it can be a more directive letter explaining that the patient is taking long-term hypnotic therapy and that there are increasing concerns over the side effects, dependency risk and lack of effect with long-term use. It must be stressed that the drugs can only be stopped gradually by reducing the doses, under the guidance of a healthcare professional. Several schemes have shown that as many as half the patients on chronic benzodiazepines will make some effort to withdraw following such an approach from their GP.
- Developing a standard withdrawal programme. This means:

– Changing first to an equivalent dose of diazepam (temazepam 10mg, nitrazepam 5mg, zaleplon 10mg, zolpidem 10mg and zopiclone 7.5mg convert to diazepam 5mg, chlordiazepoxide 10mg converts to diazepam 4mg, and lorazepam 1mg converts to diazepam 10mg).

– Giving the patient support material to explain the process, incorporating measures to combat anxiety and stress and aid relaxation. Use of a counsellor/self-help groups will aid cessation.

– Tailoring a reduction programme for the patient, usually reducing the diazepam in two to four-weekly steps by 2-2.5 mg each time, and maintaining the dose at that level until withdrawal symptoms improve before proceeding. If it is decided to withdraw the hypnotic without transferring the patient to diazepam, reduce the daily dose in increments of about one eighth (the range is one tenth to one quarter) every fortnight, again maintaining the dose at each level until withdrawal symptoms improve before proceeding. Patients on high dose benzodiazepines will need extra care and may need referring to a drug dependency unit.

Benzodiazepine prescribing is thus a major issue in primary care and one that needs full co-operation from patient, doctor and pharmacist.

The Z drugs

The Z drugs act in a similar fashion to the benzodiazepines, being agonists at the GABA receptor complex, and enhancing GABA-mediated inhibition of the reticular activating system that keeps us awake.

The role of pharmacy staff in helping insomniacs manage their problem can be as simple as compiling an information sheet and providing private consultation time

Continued on page 24 ▶

Sponsored by Cura:Heat ARTHRITIS PAIN

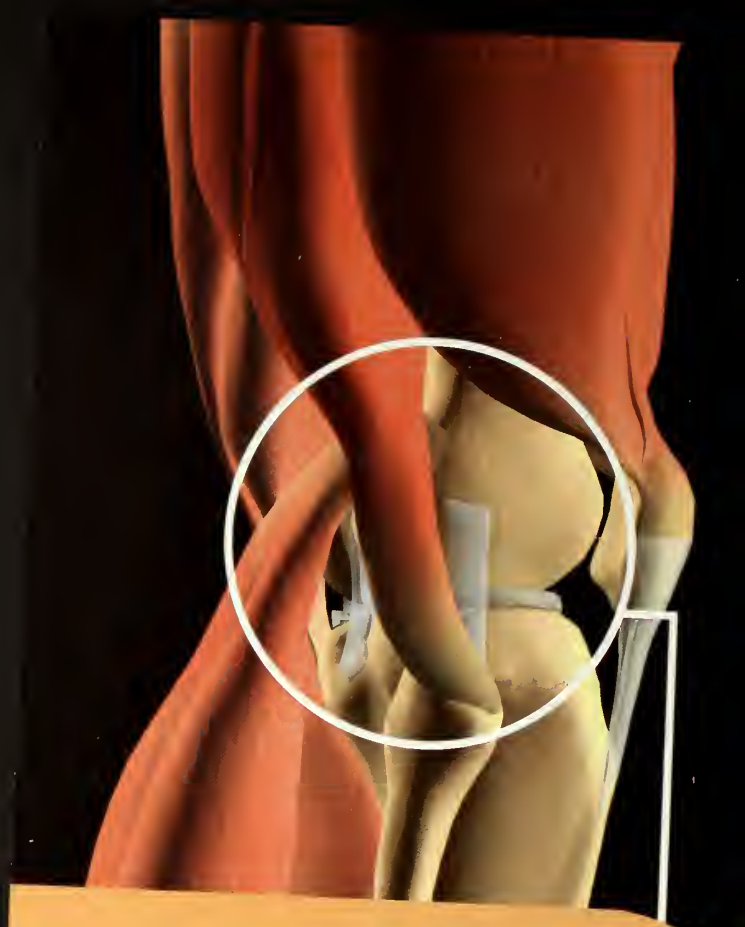
Arthritis Management

DAVID GIFFORD/SCIENCE PHOTO LIBRARY

C&D ARTHRITIS MANAGEMENT

In this C&D guide to ARTHRITIS:

- Understanding the incidence of osteoarthritis
- Recognising the symptoms of OA
- Non-pharmacological management of OA



Arthritis Management

ARTHRITIS MANAGEMENT

There are over 200 different types of arthritis, affecting nine million people in the UK. Non-pharmacological approaches, such as appropriate exercise and the use of heat pads, play a major role in the management of the most common form, osteoarthritis.

Arthritis is the single largest cause of physical disability in the UK, affecting 20% of the population.[1] Osteoarthritis (OA) is the most common form of arthritis and is second only to cardiovascular disease in causing severe disability.[1] More than two million adults have OA of the knee sufficient to cause pain and disability.

OA results in wear and tear to the cartilage between the joints. Although it is not known why this damage occurs, there are various factors that play a role including:

- **Age** – most people over the age of 65 have OA in at least one joint, with the knee affected in around 12% of this patient population.
- **Gender** – women are more likely to suffer hand and knee OA than men and can have more severe forms as they age.
- **Obesity** – OA of both the knee and hip are more common in the obese.
- **Genetics** – there is an inherited tendency towards OA.
- **Ethnic origin** – OA of the hip is more prevalent in white Europeans.
- **Trauma** – injuries to the joint, for example in sportspeople, increases the risk of developing OA in later life.
- **Occupation** – for example, hip OA is more common in farmers, while OA of the elbow is seen in those who work with pneumatic drills.

The symptoms

The hands, knee, hips, neck and lower spine are most commonly affected by OA. Knee OA is most common in those aged over 50 years, with hip OA starting in the 40s. Less prevalent is OA of the shoulders, elbows, wrists, ankles and feet.

The most common symptoms are pain, stiffness and limitations of joint movement. Swelling and inflammation can also occur. The pain of OA is usually at its least at the start of the day and after rest and worsens with use, reaching a peak at the end of the day. In contrast, stiffness is worst in the morning or after rest, improving within 30 minutes of movement.

Severity of symptoms varies between individuals and, while OA is a degenerative condition, it is not always progressive. In older people, the symptoms are often mild and do not worsen.

The hands, knee, hips, neck and lower spine are most commonly affected by OA

Additional symptoms in those who do progress include a grating sensation when the joint is moved, possible joint tenderness and enlarged joints due to growth of bone, cartilage, ligament and other tissues.

Non-pharmacological management

Non-pharmacological treatment is the foundation of OA management. A key factor is educating sufferers about the nature of the disease, its good prognosis and the fact that there are many self-help measures they can undertake. These can provide pain relief, optimise function and improve structural progression.

An advantage of non-drug treatments is that they can help avoid the risk of adverse effects associated with medication. This is a particular issue in the core OA patient population, the elderly, which is more susceptible to side effects. The elderly are also more likely to be taking multiple medications for multiple diseases, leading to an increased risk of drug-drug reactions.

The Primary Care Rheumatology Society recommends the following non-pharmacological interventions[2]:

- **Exercise** – two forms of exercise should be undertaken: aerobic training to improve fitness, and mobility/strengthening exercises to support the damaged joint and maintain movement. Physiotherapists can offer guidance on appropriate exercises to improve joint mobility. Weight loss is of value if the OA sufferer is obese as it can ease the burden on affected joints, particularly the knees, hips and back.
- **Choosing the correct footwear** – flat, thick-soled trainers provide the right support. Using shoe insoles can also help with knee OA
- **Local hot or cold treatments** – this can be in the form of ice-packs, hot water bottles and heat

PHARMACOLOGICAL OPTIONS

The Primary Care Rheumatology Society recommends that pharmacological treatment for OA is used in the following order[1]:

- Paracetamol
- Topical non-steroidal anti-inflammatory drugs
- Topical capsaicin
- Compound analgesics
- Oral NSAIDs
- Steroid injection
- Intra-articular hyaluronan injection.

lamps. The Arthritis Research Campaign also advises that warmth applied to the affected area can relieve the pain and stiffness of OA[3]. Heat packs are available that can provide a discreet means of providing heat therapy to OA sufferers.

While these measures should be used prior to the introduction of pharmacological treatments, they can also be used in conjunction with drug approaches.

Pharmacy's role

Pharmacists can play a pivotal role in the education of OA sufferers, increasing awareness and encouraging the use of non-pharmacological approaches. Education on its own is thought to be 20% as effective as non-steroidal anti-inflammatory drugs in the management of OA, and has a synergistic effect with other approaches.[1]

There are multiple opportunities for the pharmacist to intervene in this chronic disease as two-thirds of sufferers have tried self-treatment options.[4] Indeed, 40% will continue to use OTC analgesics after seeing the GP.[4]

References
1. **Arthritis Care**. The 10-minute management of osteoarthritis. http://www.arthritiscare.org.uk /downloads/10min/10-minute-management.ppt#1
2. **Primary Care Rheumatology Society**. Guideline: Knee osteoarthritis: management options. http://www.pcrsociety.org.uk/ guidelines_00_03.jsp
3. **Arthritis Research Campaign**. Osteoarthritis Information booklet. http://www.arc.org.uk/about_arth /booklets/6025/6025.htm
4. **Primary Care Rheumatology Society**. Guideline: The management of osteoarthritis. http://www.pcrsociety.org.uk /guidelines_00_02.jsp
Further information: **Arthritis Research Campaign**: Copeman House, St Marys Court, St Marys Gate, Chesterfield, Derbyshire, S41 7TD. Tel: 0870 850 5000 Web: www.arc.org.uk
Arthritis Care: 18 Stephenson Way, London, NW1 2HD Helpline: 0808 800 4050 Web: www.arthritiscare.org.uk

CURA-HEAT ARTHRITIS PAIN KNEE AND WRIST

The Arthritis Research Campaign advises that warmth applied to the affected area can relieve the pain and stiffness of arthritis. Heat packs are an ideal way to provide this relief.

Cura-Heat Arthritis Pain is an innovative way of helping to provide warming relief to arthritic joints. Available in formats for both knee and wrist joints, **Cura-Heat Arthritis Pain** is a self-heating system that stays in place over the joint area, delivering heat for up to eight hours. As an external device, it is safe to use where patients are taking oral medication.

Cura-Heat Arthritis Pain is easy to use. The elasticated wrap is simply placed over the joint area and then the Cura-Heat heat pack sachets are opened by hand and placed in the pockets of the wrap. **Cura-Heat Arthritis Pain** warms up gradually and reaches maximum temperature within 30 minutes.

Cura-Heat Arthritis Pain is suitable for all types of arthritis provided that there is no redness or inflammation at the site of pain and the skin is not broken, bruised or otherwise irritated.

Cura-Heat Arthritis Pain heat packs contain water, iron and activated carbon. Once the sachet is opened the iron oxidises, catalysed by the charcoal, and the chemical reaction produces heat. **Cura-Heat Arthritis Pain** provides a consistent and comforting heat to the affected joints.

Cura-Heat Arthritis Pain is easy and safe to use, but as with all products it is important that patients read the usage instructions and safety precautions.

For further product information visit ***www.kobayashihealthcare.com*** or write to: Kobayashi Healthcare Europe Ltd, 272 Gunnersbury Avenue, Chiswick, London W4 5QB.
Tel: **0208 987 9976**
For sales information contact: Maverick Sales & Marketing Ltd
Tel: **01628 478555.**

CURA-HEAT ARTHRITIS PAIN – KEY BENEFITS

- **Provides eight hours of continuous warming relief**
- **Ready to use (no preparation required)**
- **Non-medicinal – can be used concurrently with oral medication**
- **Thin and discreet**
- **Totally portable**

Pharmacy Update 2006

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- Post the coupon below to Mary Prebble, Pharmacy Projects, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW.
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❑ Please register me for Pharmacy Update in 2006. I am taking advantage of the New Year deal to register before January 31, 2006.

❑ I enclose a cheque payable to CMP Information for £25, or

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The Z drugs can be shown short half-lives and short duration of action.

● Zaleplon has an elimination half-life of one hour so is appropriate for patients with difficulty in falling asleep.[1] It is indicated if the patient's insomnia is severe, disabling or subjecting him or her to extreme distress. The dose is 10mg at bedtime (5mg for elderly patients) and a second dose should not be taken during the night if there is difficulty sleeping. It is recommended only for short-term use (up to two weeks).

● Zolpidem has an elimination half-life of 2.5 hours and is also indicated for debilitating insomnia. The recommended duration of treatment ranges from a few days to two weeks, with a maximum of four weeks. Again the dose is 10mg at night, or 5mg for elderly patients.

● Zopiclone has an elimination half-life of 3.5-6.5 hours. Like the others, it is indicated for short-term treatment of insomnia, with a single period of treatment not exceeding four weeks. The dose is 7.5mg at night for adults, and 3.75mg for the elderly.

The Z drugs were the subject of a recent NICE review.[1] Key statements from this review were:

● The sedative effects of Z drugs, like the benzodiazepines, may still persist into the next day and there were no consistent differences between the Z drugs and the benzodiazepines in the incidence of next-day residual effects.

● There were no statistically significant differences in the rates of treatment-emergent adverse events associated with any of the comparisons of Z drugs versus benzodiazepines.

● Although there is limited epidemiological evidence, abuse of the Z drugs is increasing.

● Substitution of Z drugs for patients being withdrawn from benzodiazepines is inappropriate and not supported by available evidence of reduced potential for dependency.

Tea and coffee should be avoided by anyone suffering with insomnia before they go to bed at night

The conclusion was that there was currently no compelling evidence of a clinically useful difference between the Z drugs and shorter-acting benzodiazepine hypnotics from the point of view of their effectiveness, adverse effects, or potential for dependence or abuse.

The NICE committee recommended that "unless a patient experiences adverse effects considered to be directly related to a specific hypnotic, the drug with the lowest purchase cost should be used in preference to more expensive alternatives". In 2002 3.9 million prescriptions were written for Z drugs with a net ingredient cost of £15.9 million.

The need for new therapies

Despite being a common problem (10-15 per cent of the population and up to a quarter of the elderly have significant difficulties in sleeping) current treatment for insomnia is unsatisfactory. Many patients have no underlying identifiable cause and the insomnia can severely affect their daytime perfomance. There is also a need to address specific types of patients such as shift workers and the elderly.

Up to a fifth of the workforce in the UK are now employed on shift work and 60-80 per cent of them are affected by sleep disorders, with sleepiness during working hours affecting 70-90 per cent in any one night.[2] Another class, and larger number, of patients for whom we clearly need a better hypnotic is the elderly, where insomnia may impair mental performance even further and generate symptoms such as tiredness, anxiety and instability with falls.

For a common condition, insomnia is surprisingly poorly managed and treated but the next few years should see new therapeutic approaches to move insomnia back into mainstream medicine.

Actionplan

1. Record in your practice workbook the next 50 prescriptions for sleeping aids. This should include any drug you suspect is being used for this purpose. Your records should include the date, patient, drug, number of days' supply and quantity. You should also record if there is any comment about limited usage on the prescription.

2. About one month later repeat the above, noting repeat prescriptions.

3. Using your two tables, select about 10 patients who appear in both lists. Check their PMRs to establish those who are habitual users. What are you going to do about it? The article suggests you discuss it with both patient and prescriber. Will you?

4. The *British National Formulary* comments on the inappropriate prescribing of benzodiazepines in the elderly. How many of the patients in your practice workbook records are in this category?

5. Has your use of the Z drugs increased over the past year? Ask the prescribing doctor(s) if they see any advantage over traditional hypnotics. If so, what is it? Is their response evidence based?

6. Think about the requests you get for OTC sleep aids. Develop a schematic list of questions to ask, together with your response in terms of advice and/or selling a sleep aid. Use this protocol for a month. If it works, make sure your medicines counter assistants are familiar with it.

References:

1. NICE Technology Appraisal 77, 2004. Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia.

2. Leger, D. The cost of sleep-related accidents: a report for the National Commission on Sleep Disorders research. Sleep 1994; 17 (1): 84-93.

Dr Mike Mead, a full-time GPin Leicester, is an adviser to many medical journals, author of medical books and lecturer on medical matters in the UK and overseas.

NICE revises stance on Alzheimer's

NICE has reviewed its stance on the use of Alzheimer's drugs – but the organisation has been criticised for not going far enough.

NICE has recommended that donepezil, galantamine and rivastigmine should be considered treatment options for people with moderate AD. The move appears to backtrack on last year's proposal that the three agents were unsuitable for mild to moderate disease (*C&D, March 12, 2005, p12*). However, the body has stuck to its guidance on memantine, stressing that the drug should not be used for people with moderate to severe AD outside clinical trials.

The Alzheimer's Society has cautiously welcomed the news, but said it raised "serious ethical and practical concerns about the availability of drug treatments" and warned that the estimated costs had been based on a "flawed economic model".

The charity added that it would be feeding into NICE's consultation, which runs until February 13. Final guidance is expected to be published in July.

For more information:

www.nice.org.uk

No omega-3 link to cancer

There is no strong evidence that a diet high in omega-3 fatty acids reduces the risk of developing cancer, say US researchers.

A meta-analysis of 38 articles found that few made a statistically significant link between omega-3 consumption and cancer. Of those, there appeared to be a significant association with both increased and decreased risk of breast, lung and prostate cancer. Furthermore, a study that assessed the link with skin cancer found diets high in omega-3 put patients at a significantly higher risk.

The authors say: "Considering these data together, there is no overall trend... that is, omega-3 fatty acids appear not to affect a mechanism of cancer development that is common across the different types of cancer." While their results dispute laboratory findings, they conclude that omega-3 rich diets appear to confer no cancer protection.

For more information:

JAMA 2006; 295: 403-15

Flu jabs for under twos?

Vaccine experts at the Department of Health are considering the introduction of routine flu jabs for infants under two years of age.

The Joint Committee on Vaccination and Immunisation (JCVI) is looking at whether the practice would reduce the annual NHS burden of influenza. Assuming widespread uptake of the vaccine, the Committee said that many flu cases in elderly patients would be prevented. However, it has said that it cannot make a decision without more information on the efficacy and benefits of the jabs in, and for, young children.

The JCVI has advised adding

patients with multiple sclerosis to the list of "at risk" groups for whom annual flu injection is recommended. It is also looking at whether pregnant women, who are considered at increased risk from the illness, should be part of the annual campaign.

For more information:

www.advisorybodies.doh.gov.uk/jcvi

HIV drug combos compared

A once daily anti-HIV combination is more effective and better tolerated than the current "gold standard" triple therapy.

US researchers found that patients who took tenofovir, emtricitabine and efavirenz were better able to suppress levels of the human immunodeficiency virus than those on zidovudine (AZT), lamivudine and efavirenz. In addition, study subjects on the first combination suffered less anaemia, fatigue and nausea, reported the authors in the *New England Journal of Medicine*.

For more information:

NEJM 2006; 354:251-260

Scriptlines

Noxafil

Noxafil 40mg/ml oral suspension (posaconazole) is now available from Schering-Plough.

The product is indicated for the treatment of the invasive fungal infections aspergillosis, fusariosis, chromoblastomycosis, mycetoma and coccidiodomycosis that are refractory to, or in patients who are intolerant of, other antifungals.

Recommended dosing is 400mg twice daily with food or 240ml of a nutritional supplement, or 200mg four times a day in patients who cannot tolerate meals or nutritional products.

According to the SPC, the liquid should not be used in patients below 18 years, or co-administered with ergot alkaloids, CYP3A4 substrates (terfenadine, astemizole, cisapride, pimozide, quinidine) or with the HMG-CoA reductase inhibitors simvastatin, lovastatin or atorvastatin.

Price: £500.69

Pack size: 105ml
Pip code: 211-6770
Schering-Plough Ltd
Tel: 01707 363636

Pfizer orders

Pfizer has announced it will not be able to process orders during the week commencing February 6, due to an IT system upgrade.

To ensure delivery during the week commencing February 13, orders must be received by noon on February 3. The company says that while it will be unable to process orders from February 6-10, orders already scheduled for delivery will arrive as planned.

For more information:

Pfizer Global Pharmaceuticals customer service department
Tel: 01304 645262

Uprima

Abbott Laboratories has announced the discontinuation of all Uprima sublingual tablets (apomorphine hydrochloride).

A company spokeswoman said Abbott had decided against renewing the product licences due to commercial reasons. No more batches are being manufactured and stocks are likely to run out by the end of April, she added.

For more information:

Abbott Laboratories Ltd medical information
Tel: 01628 773355

Somatuline guide

Guidance on the use of Somatuline Autogel (lanreotide) has been launched by Ipsen.

The resource provides healthcare professionals with background information on the acromegaly treatment, alongside dosage and injection guidelines. Copies can be obtained by e-mailing *medical.information.uk@ipsen.com* or telephoning 01753 627777.

Bonefos

Schering has resumed responsibility for Bonefos (sodium clodronate). The bisphosphonate range had passed from Schering to Boehringer Ingelheim on January 1 (*C&D, December 24/31, p22*).

For more information:

Schering Health Care Ltd
Tel: 01444 232323

Zydol caps

Zydol 50mg capsules (tramadol hydrochloride) are now available in packs of 30.

Price: £3.35

Pack size: 30 capsules
Pip code: 320-8634
Grunenthal Ltd
Tel: 0870 351 8962

Wraps off 2006 collection

Foster Grant has launched its 2006 collection of leisure and sports sunglasses. The glasses are affordably priced and offer complete protection from the sun, says the company.

The collection includes retro designs and sporty wraps with a variety of colours and finishes.

Price: £6.99-£30

Foster Grant
Tel: 01782 577055
www.fostergrant.co.uk

Pain guidance in your pocket

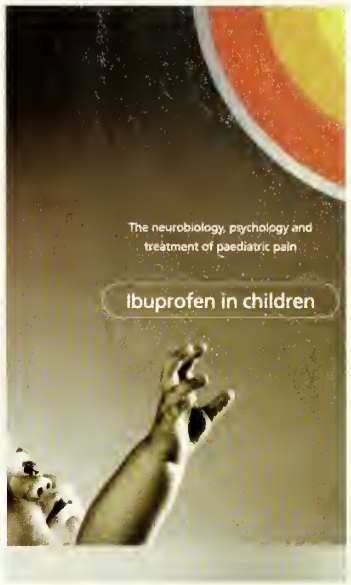
Paediatric pain is the subject of a new guide developed for healthcare professionals by Nurofen for Children.

Written primarily with pharmacists in mind, the pocket-sized, eight page booklet covers pathophysiology, common causes and treatment of paediatric pain. Recent research is included alongside sections on the emotional and psychological effects of pain on a child and advice on the appropriate use of paediatric analgesics.

Copies are available from Crookes territory managers or via the e-mail address below.

For more information:

E-mail: *uk.info@crookes.co.uk*
Crookes Healthcare
Tel: 0115 953 9922



Get ready for NRT rush

Up to two million smokers are expected to try to quit on this year's No Smoking Day. Running on March 8, the annual event provides the ideal opportunity to give NRT services a boost.

Promotional materials are available from the No Smoking Day charity. These include posters, leaflets, bags, pens and badges.

For more information:

No Smoking Day
Tel: 0870 770 7909
www.nosmokingday.org.uk

Eye definition from L'Oréal

Contour Khôl has been launched by L'Oréal Paris. The high definition eyeliner contains oil and wax for improved texture and long-lasting results, says L'Oréal.

Six shades are available: jet black, iced chestnut, indigo blue, inky violet, blue lagoon and deep green.

Price: £4.29

L'Oréal Paris
Tel: 0161 655 1400

Shower power from Vichy

Lipidiose Rich Shower Cream has been launched by Vichy. The soap-free, lipid enriched formula has been created for dry skin and can be used on a daily basis. According to the manufacturer, its creamy, foaming texture relieves skin tightness and discomfort. Dermatological tests showed the product improved hydration by 15 per cent and reduced skin roughness by 12 per cent.

Price: £7.95

Pack size: 200ml
Pip code: 321-2537
Vichy
Tel: 0208 762 4030

Miss Sporty's wet-look for spring

Fabulous Tints is the latest lipgloss range from Miss Sporty. Giving a tinted wet-look, with a non-sticky texture, the glosses can achieve this season's natural, sheer and rosebud-tinted look, says Miss Sporty.

Four variants will be available from next month – Golden Bliss, Full Bloom, Cherry Blossom and Peach Poppy – all with an apple scent.

Price: £2.79

Coty
Tel: 020 8971 1300

Scholl seeks pharmacists' advice

Scholl is turning to pharmacists for advice about its Flight Socks. The five pharmacists involved in the Flight Socks focus group felt the socks' name is misleading as they are suitable in various situations, not just flying.

One panel member wears Flight Socks Sheer on a daily basis in her pharmacy to avoid getting achy, tired legs. Purchasers of Flight Socks tend to be female, with men concerned about deep vein thrombosis opting to purchase aspirin instead, said the pharmacists. They also felt that more information in the form of leaflets, brochures and flyers would be helpful for customer education.

For more information:

SSL International
Tel: 0870 122 2690

Vapour release in pharmacies

Pfizer has teamed up with communications agency Stockdale Martin in a 'scratch and sniff' campaign for Sudafed Vapour Plug.

The direct mail initiative will see mailers delivered to UK pharmacies next month in a second burst following the initial December mail-out. The mailers use micro-encapsulation to conceal the fragrance which can be released by scratching the surface.

Sudafed Vapour Plug, launched last year, releases a blend of aromatic oils for up to eight hours to promote easy breathing.

For more information:
Pfizer Consumer Healthcare
Tel: 01304 616161

Davidoff adds a fruit for summer

Davidoff is adding a fruity twist to its fragrances with some limited edition summer variants.

Cool Water Summer Fizz is the original oceanic fragrance with added lemon and mint. Meanwhile, Cool Water Woman Summer Fizz is said to have crisp, tangy top notes combined with a floral-aquatic heart and lush amber dry-down.

Cool Water Deep Summer Fizz features distinctive notes of elemi, hinoki and cedar woods with lemon, lime and mint, says Davidoff, and Echo Summer Fizz retains the white suede dry-down of the original fragrance with added blood orange, mandarin, green lemon and mint tea.

Finally, Echo Woman Summer Fizz is differentiated from the original fragrance by the addition of pink grapefruit, mandarin and lime.

Price: £25
Pack size: 125ml
Coty
Tel: 020 8971 1300

For a Parfait pout

Contour Parfait is a new range of lip pencils from L'Oréal Paris. The five colours are designed to work with a wide choice of natural or intense shades, and the pencils can be used to shape and line the lips or fill as a lipstick.

Price: £4.29
L'Oréal Paris
Tel: 0161 655 1400

Stomach churning TV viewing

Buscopan IBS relief is appearing on television from February 6 in a £1.2 million campaign aiming to increase awareness and drive trial of the brand.

Running for four months, the ad will be seen on Channel 4, GMTV and satellite channels and is expected to reach 80 per cent of women, says manufacturer Boehringer Ingelheim.

The creative was developed following market research among the target group of 25 to 50 year old ABC1 females. It aims to communicate the symptoms of IBS and explain how the product works: treating the cause of the pain and not simply masking symptoms, says BI.

The company hopes to repeat the success of last year's campaign which saw consumer sales grow by 72 per cent and total brand awareness rise to 13 per cent of all females.

To reinforce the TV message, press adverts will be running in national and women's titles alongside trade and consumer PR and internet activity.

For more information:
Boehringer Ingelheim
Tel: 01344 741186

Naked shades

Rimmel is extending its French Manicure range with the introduction of three nude shades.

Containing Lycra for extra long wear, strength, elasticity, flexibility, resilience and shine, the product gives a finish lasting up to five days, claims Rimmel. The new colours will be on-shelf from March.

Price: £3.99
Pip code: Milk chocolate 319-7118; Café au lait 319-7100; Peach melba 319-7126
Coty, tel: 020 8971 1300

Rash decision

Sudocrem is appearing in the parenting press next month in a £250,000 advertising campaign.

Featuring a smiling baby, the ad aims to highlight Sudocrem's position as the UK's favourite nappy rash cream and convey its other uses for cuts, grazes, minor burns and sunburn.

Price: £1.69-£6.49
Pack size: 30g-400g
Forest Laboratories Europe
Tel: 01322 550550
www.sudocrem.co.uk

TV next week

Bassett's Soft & Chewy Omega 3 Vitamins: GMTV, Sat

Blistex: GMTV, Sat

Buttercup Cough Syrup: C4, GMTV, Sat

Calprofen: All areas except GMTV

Cura-Heat: All areas except GMTV, Sat

Cura-Heat Period Pain: All areas except GMTV, Sat

First Response: All areas except five

Haliborange Omega-3 for kids range: C4, GMTV, Sat

Kalms: five, GMTV, Sat

Kool 'n' Soothe Kids: All areas except C4, five

Kool 'n' Soothe Migraine: All areas except C4, five

Lanacane: All areas

Multibionata Activate: C4

Nicorette Quit Season campaign: All areas

Palmers Cocoa Butter formula: C4, Sat

Pearl Drops: All areas except five

Sanex Excel: U, STV, C, A, HTV, M, LWT, CAR, C4, five

Seven Seas Cod Liver Oil: All areas except C4

Seven Seas Joint Care: All areas except C4

Soothagel: five, GMTV

PharmaSite for next week: Zovirax – Windows,
Thornton & Ross – Fluconazole – In-store,
Thermacare – Dispensary
(Pharmacy channel: Buscopan, Beechams Cough Nurse)

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

NEW Formulation

Senokot sugar

Calcium Sennosides

How could we possibly improve on the gentle, effective constipation relief of Senokot Syrup? Simple. By relieving it of sugar.

And because it's now sugar-free, you can recommend it to even more customers.

New formulation Senokot Syrup. We've taken away the sugar so you can add to your sales!

New 150ml Sugar Free Syrup

ESSENTIAL INFORMATION

Active Ingredients: Each 5ml spoonful of Senokot Syrup contains sennosides USP equivalent to 7.5mg total sennosides. **Indications:** Relief of occasional or non-persistent constipation. **Dosage Instructions:** Adults and children over 12: Two 5ml spoonfuls taken at night. Children 6-12: One 5ml spoonful taken in the morning. Children under 6: To be taken only on a doctor's advice. **Contraindications:** In common with other laxatives Senokot Syrup should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Each 5ml of Senokot Syrup can provide up to 3.2k cal and this should be taken into account when treating diabetics. **Side-Effects:** Temporary mild griping may occur during adjustment of dosage. Hypersensitivity reactions associated with the esters of hydroxybenzoates (parabens) may occur. **Recommended Retail Price:** 150ml – £4.99. **Marketing Authorisations:** PL00063/0123. **Supply Classification:** GSL. **Holder of Marketing Authorisations:** Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull HU8 7DS.

Recent research might signal a new opportunity for humans to regain the advantage in the perennial battle with head lice. We look at three recent papers which aim to influence head lice treatments

Welcome to the **nitty Noughties**

The writer Will Self, in 'Grumpy Old Man' mode, said that the current decade should be known not as the 'Noughties' but as the 'Nitties'. He has a point. Gone are the golden days of the 1980s when the incidence of head lice infestation was at its lowest.

Instead, there has been a resurgence of 'nits', with whole classrooms suffering rather than a few individuals. While at any one time the prevalence in primary schools is about 2 per cent, some 37 per cent of children have had head lice in the past year (*BMJ 2005 331: 362-363*).

This resurgence in *Pediculus humanus* is, in part, due to the growth of resistance to the chemical pediculicides. Consequently, this is spurring on a new wave of treatments which may help turn the tide because – on paper at least – they should be fairly safe from resistance. Having said that, lice do not seem to be in danger of becoming extinct and will no doubt evolve to accommodate the new weapons that are coming their way. The rise in incidence of pubic lice, let alone bed bugs, suggests that as one battle front comes under control another sets loose.

One of the more popular remedies is 'bug busting' – wet combing using a fine tooth comb and hair conditioner. Other new areas of interest are the role of the silicone-based agent dimeticone, and there is some research backing 'natural' products, for example based on coconut oils or essential oils in herbal extracts.

This doesn't mean that the older chemical head lice products do not have their place and they remain popular. Indeed, as recently as 2003, Beth Nash in an article in the *BMJ 2003; 326: (1256-1257)* concluded that the treatments that are likely to work include malathion, lindane, permethrin, and pyrethrums, although the toxicity of lindane has seen its withdrawal in many countries, including the UK. She added that further study was needed for herbal treatments and aromatherapy, and mechanical removal of lice or viable louse eggs by combing.

Since then these issues have started to be addressed. Last summer, there was a rash of activity in the medical press as the *BMJ* published several articles and letters on head lice. There were two main studies, one in June

Continued on page 32

The first licensed head lice medicine without pesticides

No neuro-toxins

The first licensed medicine developed specifically to kill head lice without pesticides.

No problem with eggs

Hedrin's two-step treatment kills head lice - then goes on to kill lice from any newly hatched eggs, when used again 7 days later.

No resistance

Hedrin works by killing lice physically, rather than by poisoning, so it even kills insecticide-resistant lice, time after time.

Suitable for sensitive skin

Hedrin isn't absorbed through the skin so it's suitable for children from 6 months. Hedrin does not contain any solvents which may be problematic in asthma.

No nasty odours

Colourless, odourless Hedrin's silky lotion means it's easy to apply. It even leaves the hair feeling glossy and conditioned.

Easy to use

Hedrin's convenient shatterproof bottle with a dropper applicator allows accurate and economic treatment.

DON'T LOSE YOUR HEAD
USE YOUR HEAD
USE YOUR HEDRIN

duct Details
drin 4% Lotion Dimeticone 50ml PIP Code: 317-4166 RRP: £4.99 Trade Price: £35.70 (12) EAN: 5011309885019
drin 4% Lotion Dimeticone 150ml PIP Code: 317-4174 RRP: £11.49 Trade Price: £41.00 (6) EAN: 5011309885217

duct Information Hedrin 4% Lotion. Presentation: cutaneous solution containing 4% dimeticone w/w. **Indications:** for the eradication of head lice infestations **Dosage and administration:** Adults children over 6 months: Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to Allow hair to dry naturally. Hedrin should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days. **traindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Discontinue at the first appearance of a skin rash or any other signs of local or general hypersensitivity. For external only. If accidentally introduced into the eyes, flush with water. **Side Effects:** Minor adverse events include an itchy or flaky scalp and dripping/irritation around the eyes. **Product License Holder:** Thornton

Available on FP10

which looked at the role of a topical application of dimeticone 4 per cent lotion (*BMJ 2005; 330:1423*), while another (*BMJ 2005; 331:384-387*) compared 'bug busting' to proprietary over the counter treatments. In addition, a research poster on the benefits of coconut-derived emulsion shampoo was presented at a dermatology conference.

Surface tension

The first study was particularly successful as it highlighted the efficacy of a relative newcomer, dimeticone, but it also demonstrated the effectiveness of phenothrin if used properly. One of the outcomes of the research into dimeticone lotion has seen the launch this month into the UK of the P licensed medicine Hedrin.

The study involved 214 young people aged four to 18 years and 39 adults with active head louse infestation. They were required to use two applications seven days apart of either 4 per cent dimeticone lotion, applied for eight hours or overnight, or 0.5 per cent phenothrin liquid (Full Marks Solution), applied for 12 hours or overnight.

At follow-up examinations, cures were identified in 83 participants out of 127 in the dimeticone group and 87 out of 125 in the phenothrin group. There was reinfestation after cure in six participants in the dimeticone group and seven in the phenothrin group. These represented positive outcomes of, respectively, 89 out of 127 (70 per cent) for the dimeticone and 94 out of 125 (75 per cent) for the phenothrin.

"Dimeticone lotion cures head louse infestation," concluded the authors, Ian Burgess, director of Insect Research and Development, Shepreth, Royston, and Christine Brown, study co-ordinator, along with statistician Peter Lee. "Dimeticone seems less irritant than existing treatments and has a physical action on lice that should not be affected by resistance to neurotoxic insecticides."

Although low in number, some adverse events were recorded – 16 people in the diemticone group reported 18 adverse events, while 24 people in the phenothrin group reported 31 adverse events, although there was no real difference in the severity of adverse events. More specifically, "treatment-related events included mild eye irritations from dimeticone drips (n = 2) and itching or irritation of the scalp or neck (three in dimeticone group and 11 in phenothrin group) ... overall, the efficacy for both products was comparable to that found for malathion lotions and permethrin."

So what is the basis for dimeticone's activity? Test tube studies have shown that dimeticone can incapacitate lice within five minutes, and the lice do not recover, even when the silicone mixture is washed off. It is thought that the lotion coats the lice, preventing them from regulating the way they use and retain water. The lotions should be applied to the whole length of the hair because lice were observed to run down the hair shafts to escape the fluid.

Bug Buster kits, in the right hands, seem to be effective

Wet behind the ears

The second *BMJ* study (*2005;331:384-6*) looked at 'bug busting'. Researchers found that the cure rate using the Bug Buster kit was significantly greater than that for the pediculicides (57 per cent v 13 per cent). However, this has been contested, as pediculicides are normally reported as having an effectiveness of nearer 70 to 80 per cent.

Commenting on the paper, Martin Dawes, who leads the Department of Family Medicine at McGill University, Quebec, looked into the possible explanations. Selection procedures, assessment and sample size, as well as the differences in treatment regimens – pediculicides generally require two treatments to catch any newly hatched lice – were all suggested.

He concluded: "Possible explanations for the large effect of Bug Buster kits and the smaller effect of pediculicide in the current study are that the results are true, the results are due to chance, or the study was biased against treatment with pediculicide."

Nevertheless, he added: "Despite these reservations, this paper confirms that Bug Buster kits, in the right hands, seem to be effective. Indeed, from previous evidence it looks as though Bug Buster treatment is probably as effective as pediculicide treatment applied twice."

Responding to the concerns over the disparity between their findings and earlier studies, two of the authors, Dr Nigel Hill, a medical entomologist at the LSHTM and his colleague Dr Mary Cameron point out that the trial was intended to "evaluate effectiveness (not efficacy) of common over the counter treatments for head lice, matching as closely as possible 'real life' use in the community".

The UK health charity Community Hygiene Concern (CHC) was set up in 1988 to help families facing repeated infestation with head lice points and is a big advocate of the 'bug busting' method. Its standard advice is that bug busting consists of wet combing four times spaced over two weeks, and if adult lice are found after the first session that this period is extended.

Continued on page 34 ▶

headMASTER!

Recommend Lyclear to your patients and help teach head lice a lesson they won't forget!

Lyclear (permethrin) - the most dispensed brand[1] - is the only 10-minute treatment available and unlike many other treatments it's not contraindicated in those with asthma. The orange cream is simply applied to damp hair for just 10 minutes, killing lice and their eggs with just one application - helping to ensure compliance.

So, the next time your patients ask you about head lice, show them who's in charge with Lyclear!

www.headliceadvice.net

The only treatment that can kill head lice and their eggs in just 10 minutes

Product Information: Lycleor Creme Rinse. **Presentation:** A light oronge coloured topical cream contoining the octive ingredient Permethrin 1% w/w. **Posology and administration:** One 59ml bottle is usuolly sufficient to treot one person with shoulder length hoir of overoge thickness. Also ovoilable in o twin pack contoining 2 x 59ml bottles. Suitoble for odults and children over 6 months of oge, olso suitoble for osthmotics. Children under 6 months of oge should be treoted on the odvice of o doctor. Shake thoroughly ond opply to woshed, towel dried hoir. Leove on hair for 10 minutes before rinsing thoroughly with water. **Uses:** For the treatment of infections with the heod louse *pediculus humanus capitis*. **Contraindications:** Individuols with known hypersensitivity to the product, its components ond other pyrethroids or pyrethrins. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For externol use only. Shoke thoroughly before using. If symptoms persist consult your doctor. Keep out of reoch of children. **Legal categary:** P **Praduct licence number:** 02855/0013. **Praduct licence halder:** Cheforo UK Ltd, 1 Tower Close, Huntingdon, Cambs, PE29 7DH. **Package quantity and RSP:** 59ml is £3.99 and the twin pack (2x59ml) is £7.25.

1. IRI, October 2005.

The kit user is encouraged to distinguish full-grown lice from nymphal stages and actual size pictures are provided, explained Joanna Ibarra, programme co-ordinator at CHC. "A family is able to diagnose reinfestation when full-grown lice are found at the second, third or fourth Bug Busting session and apply the knowledge that lice emerging from any new egg-laying can be combed off in three more half-weekly sessions.

"Thus kit users were in an advantageous position compared to pediculicide users who might be tempted to believe suggestions, printed on the packet, that a single application kills lice and their eggs."

However, she warned: "Double dosing must be instigated by a health professional and requires explanation as it is still an unlicensed use, even though long recommended in the *British National Formulary*."

As for the choice of nit comb, Ms Ibarra pointed out: "We found that the more rounded tooth points of other models can slip over lice. The precise balance between the bevel-edged teeth and slim back of the 1998 Bug Buster comb makes insertion at the roots of the hair, under the lice, easier. A thicker handle interferes with this balance."

She added: "Closely spaced teeth, suitable for nit removal, are a problem for louse detection. If the comb removes nits effectively, lice can become lodged between the teeth and are difficult to clean out. Also they can remain unnoticed, only to be combed back onto the head at a subsequent stroke. Lice are often undamaged by this experience and can re-establish if combed back before dehydration weakens them."

Using your nut

On to the third piece of research. A poster at the British Association of Dermatologists' annual meeting last summer looked at the role of 'coconut-derived emulsion shampoo'. The research was funded by Biosafe Technologies which makes the CDE shampoo Lice Attack, (distributed under the Manx Healthcare livery) and was conducted by dermatologists at Bristol Royal Infirmary and the Department of Veterinary Sciences at Bristol University.

The 10-week trial involved 22 families with

56 children and looked at three treatment regimes using CDE shampoo.

- The first group applied the product liberally to the dry scalp and left it there for 20 minutes, with a massage after 15 minutes. This was repeated three times over a fortnight.
- The second group followed the same protocol, but after the third treatment were asked to continue using the product as a normal cosmetic shampoo.
- The third group were asked to use the product only as a cosmetic shampoo for the duration of the trial.

The results were reported as follows:

- In group one, 96 per cent of individuals were clear of head lice by day 14.
- In group two, 100 per cent were clear of head lice by day 14, and 92 per cent were clear on day 70.
- In group three, 76 per cent were clear on day 14 and 69 per cent were clear on day 70.

No side effects were reported. While the possible mode of action is not yet fully understood, the researchers concluded that the use of the shampoo following the initial three 20 minute treatments "could effectively keep children lice free" and that "use of the product on a community basis may break the cycle of transmission".

They added that, in light of growing resistance, CDE-shampoo should be considered as first-line treatment for head lice. Since then, the University has announced it wants to conduct the trial with more people and was recruiting 300 families last autumn to take part in the study.

As for the old fashioned way of shaving the scalp, spare a thought for the child. Christine Brenton (*BMJ 2005; 331: 405*) argued: "Shaving for head lice is far from ideal in children ... it is unnecessary (other effective treatments are available), it can distress the child, and it is often the result of despairing parents receiving out of date advice.

"A more effective approach is to involve parents and other school community members in establishing a substantial ongoing head lice management programme in schools that provides accurate, research-based advice on screening for and treating head lice and helps to interrupt the cycle of reinfestation that can be perpetuated in school communities."

An age-old problem

So with all this innovation in attacking head lice, what should you look out for in the future? Perhaps we can learn from the past.

Earlier this month, the newspapers were full of the two early Iron Age men whose preserved 2,400-year-old bodies had been dug up in a peat bog in Ireland. The hairstyle of the one known as Clonycavan Man raised a few comments as he was found to be using hair 'gel'. This was made from plant oil and pine resin, and the assumption was that this would allow him to pile his hair on top of his head to make him look taller and more imposing.

"However, at the time of his death, he was suffering from a bad case of nits," said the *Daily Telegraph*. A reader's letter suggested that the gel was actually an attempt to relieve the lice problem. Lance Read based his assertion on his experience of teaching a native community in northern Canada. He wrote: "A popular remedy for nits was a home-made concoction lathered into the hair. It was as effective as the commercially available chemical ointments, though it smelled rather more pine-freshly pleasant."

While the hair gel Clonycavan Man was using may have been for head lice as much as street cred, that was the least of his worries: examination of his body found that he had been felled by an axe, cut in half and then disembowelled. How lousy is that?

Product news

Hedrin is now on the market and is providing pharmacists with a summary of the *BMJ* paper, as well as flagging up the benefits of its product under four key areas: efficacy, safety, ease of use and lack of resistance.

Thornton & Ross argues: "Resistance is no longer a factor in head lice control and efficacy is not diminished even in lice resistant to other treatments ... as a result, complex rotational or mosaic treatment policies are not necessary when Hedrin is used."

Catherine Wheeler, marketing manager at Thornton & Ross, believes that the use of the dimeticone-based treatment will revolutionise the head lice market. As the first of a new generation of licensed treatments which doesn't involve using a pesticide or laborious combing, it is suitable for use by all the family, including infants from six months.

She adds: "We believe the current head lice market will be replaced with revolutionary treatments of this kind within the next three years. Hedrin will effectively create a new head lice treatment category and we fully expect it to become the treatment of choice for parents for whom keeping head lice at bay can be a constant and costly battle."

Lice Attack is positioning itself on its high efficacy rate with a non-toxic formulation. "In light of the clear tendency of lice becoming resistant to conventional over the counter treatment, along with their known side effects, pharmacists now have an obligation to offer head lice sufferers an alternative," says Manx Healthcare spokeswoman Michelle Yeung.

"The ease of use and the absence of any chemicals from such products help to reduce anxiety for parents and their children."

new

It's not every day a treatment comes along that suits almost all of your customers

Why Full Marks Solution is ideal

For you

- From the market leader in head lice treatment
- Patented toxin-free combing solution – cyclomethicone + isopropyl myristate
- Great range of eye-catching POS
- It will attract new customers – 57% of users consider non-insecticide treatments[2]
- Clinically proven status satisfies your customers' No1 requirement – efficacy[2]
- Dual positioning can increase sales opportunities – self-selection in main store and back wall for recommendation

For your customers

- Clinically proven efficacy
- Offers an alternative to current range of treatments
- 10 minute application
- Comes complete with metal tooth comb and combing solution
- Dermatologically tested and can be used by asthmatics
- No unpleasant smell
- Peace of mind – it's from the leading experts in head lice treatment

Full Marks Solution 100ml (2 treatments) PIP code 312 – 5648 Consumer SRP £5.99 Trade £20.49 (traded unit of 6)
Full Marks Solution 200ml (4 treatments) PIP code 312 – 5655 Consumer SRP £10.99 Trade £ 37.60 (traded unit of 6)

References 1 IRI sales scanned price all outlets MAT 22 Jan 2005 2 Consumer research September 2002

SSL International plc

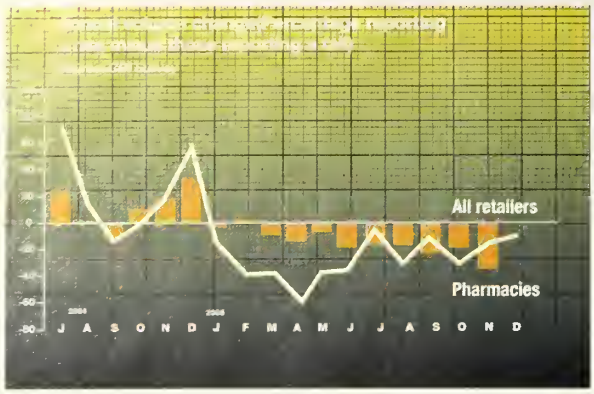
SSL International, Venus, 1 Old Park Lane, Trafford Park, Manchester M41 7HA, UK.

Compiled by Laura Young

The only way is up

Retail sales

In the first half of December chemists saw a strong annual improvement in sales compared with November, although volumes were down for 8 per cent of businesses. Total retail sales were flat, the first time since February that they have not fallen



Retail **pharmacists' sales** volumes fell less sharply in the first half of December than in November, according to the CBI. Just 8 per cent of businesses reported a fall compared with a year earlier. Total retail sales in **December were unchanged** on the year, but 9 per cent of businesses expect sales to be down on year-earlier levels in January. But the British Retail Consortium survey indicates **the best December** for retailers since 2001, with like-for-like sales up nearly 3 per cent on the year. And the underlying sales trend moved back into positive territory, although it was **at the expense of margins**. The BRC reports strong pre-Christmas demand for **perfumes and premium** cosmetics, while vitamins and cough/cold remedies achieved "some growth". Official figures show that the value of **chemists' sales in November** was 7 per cent lower than a year earlier, after a 6 per cent annual fall in October.

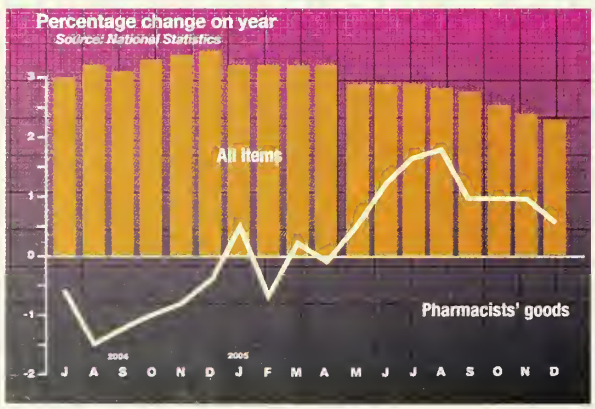
Consumer spending

Shoppers spent more on pharmaceutical products in the first nine months of 2005, putting it up by 3 per cent compared with a year earlier, to an estimated £2,584 million. But they spent 2 .5 per cent less annually on other medical products, at £342m

Consumer **spending on pharmaceuticals** in the third quarter of 2005 was 3.5 per cent higher than a year earlier, officials estimate, and volumes rose by 3.1 per cent. The value of spending on **other medical products,** such as bandages and plasters, rose by 4.8 per cent annually in the third quarter, and by 4.3 per cent in volume terms. Total **consumer spending** grew in value by 3.8 per cent on a year before, and volumes rose 1.7 per cent. Corporate spending on cosmetic and toiletry advertising in October and November combined was 0.1 per cent lower than in the same period in 2004, says Nielsen Media Research. Pharmaceutical advertising was unchanged. Consumer **spending is forecast** by the Government to increase by 1.75 to 2.25 per cent this year – down from an estimated 1.75 per cent in 2005. UK **production** of pharmaceutical products rose 0.5 per cent in the three months to November, but perfumes and toiletries fell 3.6 per cent.

Retail prices

The average price paid by high street shoppers for chemists' goods fell marginally during December and the annual rate of increase also weakened. Overall retail prices rose slightly during the month but the year-on-year increase moderated



The retail price of **chemists' goods** fell by 0.3 per cent in December, but increased by 0.6 per cent annually after a rise of 1.0 per cent in November. **Headline retail price inflation** in December was 2.2 per cent, down from 2.4 per cent the previous month, due to lower transport costs. The British Retail Consortium says that prices of goods in the high street in December were 0.6 per cent lower than a year before. Non-food prices, including chemists' goods, fell 1.4 per cent. **UK manufacturers' prices** rose overall by 2.4 per cent annually in December, up from 2.2 per cent in November. Makers' prices of **pharmaceutical preparations** fell 2.7 per cent annually in November, but perfumes and toiletry prices rose by 1.0 per cent. Lip and eye products rose 1.3 per cent and dental hygiene preparation prices edged up by 0.3 per cent. Shaving preparation and deodorant prices fell by 1.1 per cent.

Earnings and unemployment

Unemployment benefit claimants rose for the eleventh consecutive month in December. The figure is now 95,300 up on the recent low point in January 2005. Average earnings including bonuses rose by 3.4 per cent annually in November and without bonuses they rose 3.8 per cent

The number claiming **jobless benefit** increased by 7,200 in December and was 10 per cent up on the year. The number of unemployed people in the three months ending November was up 121,000 over the year. Worries over the job market are blamed for a fall in **consumer confidence**, measured by Nationwide building society in December, to its lowest recorded level. But a survey by the Recruitment and Employment Confederation and KPMG indicates that the number of people gaining **permanent jobs** was the highest for 14 months. **Average earnings**, including bonuses, were 3.4 per cent higher in the three months to November than at the same time in 2004. **Interest rates** were left unchanged by the Bank of England in January, with positive signals on the housing market and on consumer spending balanced against the impact of rising energy prices and wages. **Business failures** are already on the rise as margins continue under pressure.

Eurofile update

Jörn Runge looks at women-friendly Austrian pharmacy as well as French health cuts, Latvian de-liberalisation and counterfeit drugs

Austria

The importance of women in pharmacy is being highlighted in Austria, where over eight out of 10 employee pharmacists are women.

It is estimated that 90 per cent of all pharmacy staff are female and every second pharmacy is managed by a woman. Since 1984 when 77 per cent of all employed pharmacists were women, the proportion has grown to 85.2 per cent. The family-friendly policy and workplace support in Austrian pharmacies make it quite easy for many Austrians, usually mothers, to combine work and family life. Young women and older pharmacists predominate in part-time positions.

At present the average working time is 28.5 hours a week. More than two thirds of all employed pharmacists work part-time – at their own request. "In the pharmacy it has been demonstrated that part-time employments do not have to do with low-wage jobs. We even offer graduates the possibility of fewer working hours with a fair wage," declared Dr Herbert Cabana, president of the Austrian Chamber of Pharmacists.

For women there is even another advantage to working in an Austrian pharmacy. The salary is the same for everyone, as the General Salary Fund of Austrian Pharmacists values the performance of women and men equally. Salaried pharmacists are paid according to a salary system which comprises 18 levels and allows promotion to the next higher salary level every two calendar years.

There is also a Welfare and Support Fund which offers financial support, for example it contributes towards expenses incurred by childbirth, unemployment and sickness, as well as contributing to the cost of staying at a health resort.

Furthermore, the Welfare and Support Fund also supports the self-employed pharmacists of relatively small pharmacies in rural areas, who may be under pressure due to having to cover numerous night shifts.

Pharmacies in Austria are so-called 'job engines' as they are one of the few businesses still creating jobs. In 2004 the 1,100 pharmacies employed 2 per cent more than the year before and in 2005 a further increase was expected. This year the sector expects a further record regarding employment figures.

France

After the French health minister, Xavier Bertrand, announced extensive funding cuts for healthcare and additional contributions from patients last year, pharmacists have started to fight back.

Negotiations with the government have seen a modification of the law, which would have otherwise caused the collapse of the pharmaceutical profession, according to Claude Japhet, president of the National Union of French Pharmacies.

Although the savings target will still be as high as €600 million, the burden will be spread. Prices for all medicines have fallen about 15 per cent although M Bertrand had initially suggested 13 per cent. The French government hopes to save around €400m this way.

Furthermore, prices for generics will be reduced about 10 per cent, making savings of €200m. In return, the government will drop one regulation which automatically fixed the price of generics in unit price lists two years after their launch. This means pharmacists still have the chance to negotiate rebates.

In addition, the government conceded a reward for supplying emergency services and raised the rate from 60 to 70 per cent. National generic producers think this is unfair. Although quota increases are agreed, the reforms will cost the French generic industry up to €300m.

Latvia

Most of the 1,300 Latvian pharmacists are convinced that the liberalisation of the pharmaceutical market went too far, especially as competition is getting harder and harder.

Neighbouring Estonia is seen as an example of how it can all go wrong. Since liberalising the market there, the pharmacy multiples have gained significant strength: in 2004 there were 480 Estonian pharmacies, of which 176 already belonged to the chain Apteek1.

The Latvian government has stopped its policy of liberalisation only 18 months after it had started to open up the market, which has about 880 pharmacies. The new law means that, after a transitional period, from 2011 on 'classic' chains will not be allowed. A pharmacist will only be permitted to run two further branches as long as they are not in the same town and are five or more kilometres away from any other pharmacy.

Although the Latvian government is changing the law on premises quite drastically, the trade with medicines via the internet is still allowed. This is probably the only disadvantage in comparison to Estonia where pharmacists do not have to fear internet trade. Yet.

All Europe

Counterfeit drugs are a topic of interest in Europe generally, not just the UK at the moment.

The World Health Organization assumes that up to 10 per cent of all medicines in Europe are counterfeit. Deliberately and fraudulently mislabelled products are on the increase in Europe, with estimates from 6 to 20 per cent of market share in certain regions. It is estimated that 60 per cent of all counterfeit products contain ineffective substances, while 35 per cent have the active compound but at a reduced strength or other active ingredients. Only 5 per cent are produced with the right ingredients at the right strength but in false packaging.

In 2005 the Council of Europe launched a programme to combat counterfeit medicines with a seminar in Strasbourg. This looked at the internet in particular as a source of supply of faked products. All kinds of medicines are involved from antibiotics to insulin. It is thought that a significant amount of counterfeit products are even being produced in Europe, particularly in Russia, Bulgaria and the Ukraine.

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Back ISSUES

Pharmacist pledges to purge pounds

It's hard being a politician. There are the meetings over lunch, receptions with canapés and endless parties with glass after glass of wine. With so many chances to eat and drink and their only exercise bobbing up and down trying to catch the Speaker's eye, it's easy for MPs to become political heavyweights.

Pharmacist Sandra Gidley, Liberal Democrat MP for Romsey, has begun a battle to beat her bulges by joining the All-Party Parliamentary Weight-Watchers Group, a group of health-conscious MPs who are competing to see who can lose the most weight.

Since October, Sandra has suffered a weekly weigh-in to see if she can win the £1,000 donation to her favourite charity by losing the most weight by March 21. Sandra may be finding it difficult to resist the tempting food in the Commons tea room, but hopefully the Parliamentary Weight-Watchers team will whip her into shape.

Sam is sharp shooter

Expert clay pigeon shooter Sam Sharpe has been selected to represent England in the World Clay Pigeon Shooting Championships.

Sam, who works in United Co-op Health Care's HR department in Hanley, Stoke-on-Trent, will compete in the competition in the Australian town of Wagga Wagga, New South Wales, in April.

It is the second time she has been selected as one of a team of three ladies out to win the World Down the Line championship, one of the sport's major disciplines.

"Two years ago, when the World Championships were held in Northumberland, we were narrowly beaten by New Zealand and had to settle for silver medals," Sam said. "Now it's time to go one better and win gold."

Appointment

Professor David Woolfson has been appointed chairman of the British Pharmacopoeia Commission. Prof Woolfson has been a member of the commission since 1998 and is currently the chairman of the Advisory Committee on Pharmacy.

Genetix has appointed **Andrew Kellett** as finance director from March 27. Mr Kellett joins Genetix from Quest Diagnostics where he is currently finance director, Europe and global controller.

Gareth Langdon

Nucare has appointed **Gareth Langdon** and **Claire Wood** to join their sales team. Gareth joins the company from Unipath where he worked as national account manager. He will be responsible for the South West and Wales region. Claire, who has eight years experience working in food and utilities industries, will be responsible for the Midlands, a key region for Nucare.

Professor Christine Bond has been elected chairman of the Scottish Specialists in Pharmaceutical Public Health. Prof Bond will hold the position for 2006 and 2007 and has been joined by **William Malcolm** as vice-chairman and **Elizabeth McGovern** as secretary.

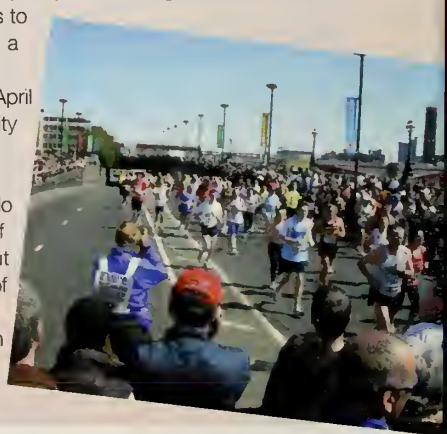
The British Heart Foundation has appointed **Mike Knapton** as its first director of prevention and care. Dr Knapton will help shape the BHF's cardiac care activities, including the ongoing development of cardiac rehabilitation programmes and heart support groups. He will also continue to work as a GP one day a week to maintain contact with patients.

Tee off with chemists

East Anglian Chemists Golfing Society is celebrating its 25th anniversary this year. Comprising pharmacists and pharmacy representatives, the society meets up seven times a year on courses in Norfolk, Suffolk, Essex and Cambridgeshire on the last Wednesday of the month between March and September. Anyone interested in joining can contact Jack Carpenter on 01603 425860 or e-mail *jack@tractorboy64.fsnet.co.uk* for more information.

Pharmacist running to end global poverty

Community pharmacist Hugh Apperley may be scouring his pharmacy for blister remedies after he pulls on his trainers to run the London Marathon. Hugh, 44, a pharmacist at Lloydspharmacy in Barnstaple, will run the marathon in April to raise money for Action Aid, a charity which fights global poverty. Hugh, a keen runner, said he has not run a marathon before but hopes he can do enough training to prepare. "The staff in the pharmacy are all behind me but I haven't managed to convince any of them to come training with me yet," he said. To sponsor Hugh call him on 01271 342076 or visit *www.justgiving.com/hughapperley.*



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